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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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GASSMAN, CROTTY & DENICOLO, P.A.

ATTORNEYS AT LAW

ALAN S. GASSMAN*+
KENNETH J. CROTTY***^
CHRISTOPHER J. DENICOLO***+
BRANDON L. KETRON**
BROCK T. EXLINE
PETER M. FARRELL*
JASON L. McCOSBY*

1245 COURT STREET CLEARWATER, FL 33756 TELEPHONE: (727) 442-1200 FAX: (727) 443-5829 WWW.GASSMANLAW.COM

*LL.M. IN TAXATION
+BOARD CERTIFIED LAWYER
WILLS, TRUSTS AND ESTATES
***LL.M. IN ESTATE PLANNING
^BOARD CERTIFIED LAWYER TAX LAW
CERTIFIED PUBLIC ACCOUNTANT

August 20, 2024 VIA UPS GROUND

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: JAMES R. KINNEY, SR., D.O., P.A.

Dear Sir/Madam:

Enclosed for filing please find a Certificate of Conversion and Articles of Organization whereby JAMES R. KINNEY, SR., D.O., P.A., a Florida Professional Association, will convert into JAMES R. KINNEY, SR., D.O., L.L.C., a Florida limited liability company.

Please also find enclosed a check made payable to the Department of State in the amount of \$150.00 for filing fees.

Please provide our office with confirmation of filing in the enclosed self-addressed, stamped envelope.

Please contact Treasure Lockard of my office at 727-442-1200 x. 245 if you have any questions on the attached.

Best personal regards,

Alan 🛠 Gassman

Florida Department of State / Division of Corporations August 20, 2024 Page 2

ASG:*tal*jlm Enclosures

ce: James R. Kinney, Sr. (w/encl. via email: jamesrkinneysr@gmail.com)
Rose Dean, CPA (w/encls. via email: rosed@deancpas.com)

THE INFORMATION CONTAINED IN THIS TRANSMISSION MAY BE ATTORNEY PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THIS COMMUNICATION MAY BE STRICTLY PROHIBITED BY LAW. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US AT THE ABOVE-STATED TELEPHONE NUMBER.

J:\K\KINNEY, James\JAMES R. KINNEY, SR., D.O., L.L.C. (FL) (Converted from a P.A.)\Sec. of State.1b.wpd 2616

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: JAMES R. KINNEY, SR., D.O., P.A.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Professional Association (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or it a non-O.S. entity, the name of the country)
June 18, 1980 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JAMES R. KINNEY, SR., D.O., L.L.C.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 1st day of August	20 24
Signature of Authorized Representative of L	imited Liability Company:
Signature of Authorized Representative: Printed Name: ALAN S. GASSMAN, ESQUIRE	ĴU
Signature of Authorized Representative:	
Printed Name: ALAN S. GASSMAN, ESQUIRE	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]
Signature:	
Printed Name: JAMES R KINNEY, SR.	Title: PRESIDENT
	-
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
a.	
Signature:	T. 1
Printed Name:	I itle:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director,	
If Directors or Officers have not been selected, an	Incorporator must sign.
IC Manida Cara al Donas ambigant l'estata i tab	212 - Davids and 2 -
<u>If Florida General Partnership or Limited Liab</u> Signature of one General Partner.	omy Parmersnip:
orginature of one General Laraner.	
<u>If Florida Limited Partnership or Limited Liab</u>	pility Limited Partnership:
Signatures of ALL General Partners.	· · · · · · · · · · · · · · · · · · ·
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	× • • • • • • • • • • • • • • • • • • •

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
JAMES R. KINNEY, SR., D.O., L.L.C.	
(Must end with the words "Limited Liability Company," t "LLC.")	he abbreviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the Liability Company is:	e principal office of the Limited
Principal Office Address:	Mailing Address:
1058 Roundstone Place	1058 Roundstone Place
Palm Harbor, FL 34683	Palm Harbor, FL 34683
1058 Roundstone Place	he registered agent are: R. ame
·	P.O. Box NOT acceptable)
Palm Harbor, FL City, S	FL 34683 State, and Zip
Having been named as registered agent ar above stated limited liability company at th hereby accept the appointment as regist capacity. I further agree to comply with th the proper and complete performance of n accept the obligations of my position as Chapter 608	e place designated in this certificate, ered agent and agree to act in this se provisions of all statutes relating to ny duties, and I am familiar with and registered agent as provided for in

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> MGR" = Manager	Name and Address:
MGRM" = Managing Member	
MGR	JAMES R. KINNEY, SR.
	1058 Roundstone Place
	Palm Harbor, FL 34683
	
	(Use attachment if necessary)
ective date: 1) cannot be prior t	the date of filing:
ective date: 1) cannot be prior to the filed by the Florida Departs tive date listed in the attached	(OPTIONAL) o nor more than 90 days after the date th
nt is filed by the Florida Depart	(OPTIONAL) to nor more than 90 days after the date the ment of State; <u>AND</u> 2) must be the same a
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