

L24000494985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

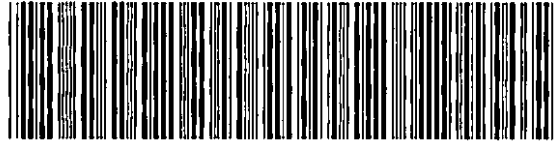
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED

SEP 11 2024

Office Use Only



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09/12/24--01009--029 **185.00

2024 SEP 12 PM 4:01

1011.500

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LIBERTY SURGICAL ASSOCIATES, PLLC DOC # W24000140506
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

LIBERTY HOBERMAN

(Contact Person)

LIBERTY SURGICAL ASSOCIATES

(Firm/Company)

12324 AUBURNDALE

(Address)

VENICE FL 34293

(City, State and Zip Code)

LIBERTY.HOBERMAN@GMAIL.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Liberty Hoberman

(Name of Contact Person)

at (616) 610-0190

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☒ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

*See cashed
check*

*9-17-24
cashed*

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Michigan Department of Labor & Economic Growth

Filing Endorsement

**This is to Certify that the ARTICLES OF ORGANIZATION (DOMESTIC PROFESSIONAL)
for**

LIBERTY SURGICAL ASSOCIATES, PLLC

ID NUMBER: E16184

**received by facsimile transmission on December 12, 2008 is hereby endorsed
Filed on December 12, 2008 by the Administrator.**

2008 SEP 12 PM 4:01

**The document is effective on the date filed, unless a
subsequent effective date within 90 days after
received date is stated in the document.**

**In testimony whereof, I have hereunto set my
hand and affixed the Seal of the Department,
in the City of Lansing, this 12TH day
of December, 2008.**



, Director

Bureau of Commercial Services

Signed this 24TH day of OCTOBER 20 24.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Liberty Hoberman
Printed Name: LIBERTY HOBERMAN, MD Title: AUTHORIZED MEMBER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Liberty Hoberman
Printed Name: LIBERTY HOBERMAN, MD Title: AUTHORIZED MEMBER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability 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:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2024 SEP 12 PM 4:01

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

LIBERTY HOBERMAN

12324 AUBURNDAL COURT

VENICE, FL 34293

(Use attachment if necessary)

2021 SEP 12 PM 4:01

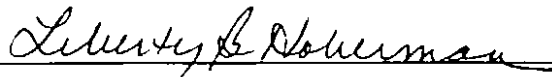
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ARTICLE V: Other provisions, if any.

PURPOSE: MEDICAL SPA SERVICES INCLUDING FACIALS, BOTOX INJECTIONS, LASER SERVICES

EIN: E16184

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LIBERTY HOBERMAN

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)