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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name))
(Doc	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Paramount Med	lical Specialists, LLC
	Florida Profit Corporation
The enclosed Articles of Conversion, Articles of Incorpor entity into a "Florida Profit Corporation" in accordance w	ation, and fees are submitted to convert the following eligible ith ss. 607.11933 & 607.0202, F.S.
Please return all correspondence concerning this matter to	y:
Contact Person	
Contact Person	
BB Connection, LLC	
11825 Islan Likes Lane Address	
Boen Ruber FC 3349. City, State and Zip Code	<u>8</u>
Better business connected E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	1:
Name of Contact Person at (7	86 693 - 2033 Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	, .
-	75 Filing Fees ### State ### Certified Copy and Certificate of Status
Mailing Address:	Street Address:
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

Converting Eligible Entity

Into

Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Paramount Medical Specialists, uc
Enter Name of the Converting Entity
Paramount Medical Specialists, UC Enter Name of the Converting Entity Limited Liability Company Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Forth
(Enter state, or if a non-U.S. entity, the name of the country)
Enter date "Converting Entity" was first organized, formed or incorporated.
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Paramout Wedical Specialists Inc. Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: 07/03/2020. (The effective date: Cannot be prior to nor more than 90 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.



re verification:	
Signed thisday ofJuly	, 20 <u>20</u> ,
Required Signature for Florida Profit Corporation	<u>ı:</u>
Signature of Director Officer or if Directors or of Directors or Officer or if Directors or of Directors or Officer or if Directo	eers have not been selected, an incorporator:
Printed Name: Denise N. Josep Title: Me	anager Director
Required Signature(s) on behalf of Converting Flo	rida partnerships, limited partnerships, and limited liability
companies: [See below for required signature(s)]	00 Sended 820 1 06 PM EDT 3-40 K-7 USO-5 UMB
Signature:	3- CUN Q-FUSQO-SUMB
Printed Name: Denise M. Josey, MD, MPH, MS	Title: Manager/ Director
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
Signature of one General Faither.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION A compliance with Chapter 607 and/on Chapter 621. E.S. (Brafit

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) Paramount Medical Specialists, Inc. ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Mailing address, if different is: Roca halon, Fr 33431 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Name and Title: Address: Address: Boca Robon, FC 33431 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

ARTICL	<u>E VI REGISTERED AGENT</u>	
	e and Florida street address (P.O. Box NOT acceptate	ole) of the registered agent is:
Name:	BB Connection, LC 11825 Island Lates Lane	
Address:	11825 Island Lates Lane	
	Boxu Raton, FL 33498	
	,	
• • • • • • • • • • • • • • • • • • • •	een named as registered agent to accept service of proficate, I am familian with and accept the appointment	**************************************
	Clear	07/03/2020
	Required Signature/Registered Agent	Date