	BOR & ECONOMIC GROWTH ERCIAL SERVICES		
Date Received		(FOR BUREAU USE ONLY)	
	This document is effective on the subsequent effective date within date is stated in the document.		
Name			
Address			
City	State	Zip Code EFFECTIVE DATE:	
ARTICL For use by Dor Pursuant to ARTICLE I	mestic Partnerships or Domestic L Professional Limited I (Please read information and	CERTIFICATE OF CONVERSION imited Partnerships to convert to a Domestic Liability Company instructions on last page) cts of 1993, the undersigned execute the following Articles:	
	ity company is organized for the s	sole and specific purpose of rendering the following professional	
	ity company is organized for the s	sole and specific purpose of rendering the following professional	
The limited liabil service(s):	ity company is organized for the s	sole and specific purpose of rendering the following professional	
The limited liabil service(s):	ity company is organized for the s		
The limited liabil service(s): ARTICLE III The duration of the service in the s			
The limited liabil service(s): ARTICLE III The duration of the ARTICLE IV		er than perpetual is:	
The limited liabil service(s): ARTICLE III The duration of the street action (Street Address)	the limited liability company if othe	er than perpetual is: ered office is: , Michigan	
ARTICLE III The duration of t	the limited liability company if other	er than perpetual is: ered office is: , Michigan	

ARTICLE V

3. The name of the resident agent at the registered office is:

All members and managers, will be duly licensed or otherwise legally authorized to render one or more of the professional service(s) for which this limited liability company is organized except as otherwise provided in Section 904 of P.A. 23 of 1993 or prohibited.

LE VI (Insert any additional provisions authorized by the act, attach additional pages if needed.)		
	·	
thisday of	,	
(Signature)		
(Type or Print Name)		
(Type or Print Name)		
CERTIFICATE OF CONVE	ERSION	
I hereby certify: The name of the partnership or limited partnership is The partnership was formed	(name)	
I hereby certify:	(name)	
I hereby certify: The name of the partnership or limited partnership is The partnership was formed	(name)	
I hereby certify: The name of the partnership or limited partnership is The partnership was formed(dated at the limited partnership formed on(dated at the limited partnership formed on	(name)	
The name of the partnership or limited partnership is The partnership was formed(date)	(name)	
The name of the partnership or limited partnership is The partnership was formed(date)	(name)	
The name of the partnership or limited partnership is	(name)	
The name of the partnership or limited partnership is	(name)	

Preparer's Name				
Rusiness	Felephone Number			

INFORMATION AND INSTRUCTIONS

1. This form may be used to draft your Articles of Organization and Certificate of Conversion. A document required or permitted to be filed under the act cannot be filed unless it contains the minimum information required by the act. The format provided contains only the minimal information required to make the document fileable and may not meet your needs. This is a legal document and agency staff cannot provide legal advice.

Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

- 2. This document is to be used pursuant to the provisions of Act 23, P.A. of 1993. A limited liability company which will be providing services rendered by a certified or other public accountant, a dentist, an osteopathic physician, a physician, a surgeon, a doctor of divinity or other clergy, or an attorney-at-law may only be formed as a professional limited liability company.
- 3. Article I The name of a domestic professional limited liability company is required to contain one of the following words or abbreviations: "Professional Limited Liability Company", "P.L.L.C.", "P.L.C.", "PLLC", or "PLC".
- 4. Article II State the specific professional service(s) for which the limited liability company is organized.
- 5. Article V Members and managers must be licensed to perform at least one of the service(s) for which the professional limited liability company is organized. A professional limited liability company may provide more than one service, unless otherwise prohibited.

If the professional limited liability company renders a professional service that is included within the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.1101 to 333.25211 of the Michigan Compiled Laws, then all members of the limited liability company shall be licensed or legally authorized in this state to render the same professional service.

- 6. This document is effective on the date endorsed "Filed" by the Bureau. A later effective date, no more than 90 days after the date of delivery, may be stated as an additional article.
- 7. The Conversion must be signed on behalf of the partnership. The Articles must be signed by one or more persons organizing the Limited Liability Company. State name of person signing beneath their signature.
- 8. If more space is needed, attach additional pages. All pages should be numbered.

To submit by mail:

Michigan Department of Labor & Economic Growth Bureau of Commercial Services Corporation Division 7150 Harris Drive P.O. Box 30054 Lansing, MI 48909 To submit in person:

2501 Woodlake Circle Okemos, MI Telephone: (517) 241-6470

Fees may be paid by VISA or Mastercard when delivered in person to the Bureau.

MICH-ELF (Michigan Electronic Filing System):

First Time Users: Call (517) 241-6420, or visit our website at http://www.michigan.gov/corporations Customer with MICH-ELF Filer Account: Send document to (517) 241-9845

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs know to this agency.