

NA23000010241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

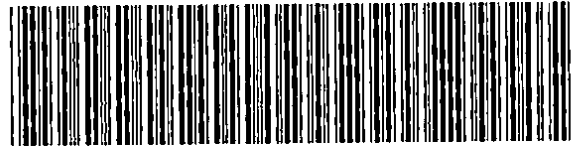
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
NA23000017576

Office Use Only



800405521788

*[Handwritten signature]*  
*08/26/27*

04/21/23--01015--003 \*\*60.

08/24/23--01021--015 \*\*45.00

2023 AUG 24 AM 2:20  
SECRETARY OF STATE  
MAIL ROOM/STILL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2023

SCOTT J LEE ESQ  
12300 SOUTH SHORE BLVD STE 202  
WELLINGTON, FL 33414

SUBJECT: JC MEDICAL CONDO ASSOCIATION LLC  
Ref. Number: W23000077576

2023 JUN 25 AM 9:05  
RECEIVED

We have received your document for JC MEDICAL CONDO ASSOCIATION LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

You have submitted the wrong form and fees for the conversion. Please fill out the correct forms and send a check or money order for \$45.00 (more if you would like certificates).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace  
Regulatory Specialist II

Letter Number: 823A00012570

2023 JUN 24 PM 2:20  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: J.C. Medical Center Condominium Association, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SCOTT J. Lee, Esq.  
Name (Printed or typed)

12300 South Shore Blvd, Ste 202  
Address

WELLINGTON, FL 33414  
City, State & Zip

(561) 340-4563  
Daytime Telephone number

SCOTT@SJWLAWGROUP.COM  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2003 APR 24 PM 2:20

PM 1:10

LLC into  
Non profit

Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida Profit Corporation  
*Non Profit*

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.  
*Non Profit* *607*

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

J.C. medical Condo Association LLC  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a 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 Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on 11/03/2006  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

n/a

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

J.C. medical Center Condominium Association, Inc.  
Enter Name of Florida Profit Corporation  
*Non Profit*

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(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.

2006 NOV 24 PM 2:20  
CORPORATION STATE  
TALLAHASSEE

16 Nov 2019

Signature for Third Party Contribution:

Name of individual (i.e., Company Director, Officer, or a Director or Officer if not been selected, or

XXXXXXXXXX Title PRESIDENT

Name of the individual(s) on behalf of Other Business Entity: (See below for required signature(s))

XXXXXXXXXX Title NAME

Title

Title

Title

Title

Title

Signature of General Partnership or Limited Liability Partnership:

Name of General Partner

Signature of Limited Partnership or Limited Liability Limited Partnership:

Name of LP General Partner

Signature of Limited Liability Company:

Name of authorized member or Authorized Representative

Signature

Name of authorized person

Name of Company

Title

Name of authorized member or Authorized Representative

Title

Name of Company

Name of authorized member or Authorized Representative

Name of authorized person

Name of authorized person

STEVENS COUNTY  
ELECTIONS OFFICE

2023/11/24 AM 2:20

11/24

ARTICLES OF INCORPORATION  
in compliance with Chapter 607, F.S., (Not for Profit)

ARTICLE I. NAME

1. The name of the corporation shall be: C Medical Center Communities Association, Inc

ARTICLE II. PRINCIPAL OFFICE

Principal street address:

Mailing address, if different:

1348 NE Ocean Blvd  
Stuart, FL 34994

ARTICLE III. PURPOSE

1. The purpose for which the corporation is organized is: conduct lawful business in all  
states of Florida as a Communities Association.

ARTICLE IV. MANNER OF ELECTION. The manner in which the directors are elected and appointed: NO FC'S

BY BOARD MEMBERS ONLY

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

1. Name and Title: Dr Frank Caridi President

2. Address: 1348 NE Ocean Blvd  
Stuart, FL 34994

3. Name and Title: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Name and Title: \_\_\_\_\_

6. Address: \_\_\_\_\_

STATE OF FLORIDA  
CORPORATION DIVISION

2023 APR 26 11:21:20

FILED

Name and Title \_\_\_\_\_  
Address \_\_\_\_\_

Name and Title \_\_\_\_\_  
Address \_\_\_\_\_

ARTICLE VI REGISTERED AGENT

Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FRANCIS <sup>Xavier</sup> ~~James~~ Conradi  
Address: 10375 S. Highway #164  
P.O. Box 1000, FL 32102

ARTICLE VII INCORPORATOR

Name and address of the incorporator is:

Name: FRANCIS X Conradi  
Address: 10375 S. Highway #164  
P.O. Box 1000, FL 32102

ARTICLE VIII EFFECTIVE DATE:

Effective date other than the date of filing \_\_\_\_\_ (OPTIONAL)

If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State records.

I, \_\_\_\_\_, do hereby name as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

\_\_\_\_\_  
Required Signature of Registered Agent

7/18/2023  
Date

I, \_\_\_\_\_, do hereby certify and affirm that the facts stated herein are true. 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 817.055, F.S.

\_\_\_\_\_  
Required Signature of Incorporator

7/18/2023  
Date

2023 JUL 21 AM 2:20  
STATE DEPARTMENT OF STATE

7/18/2023