

P08000000747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

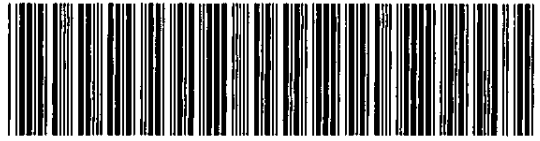
(Document Number)

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

Special Instructions to Filing Officer:

LOS-88687  
W07-58151

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11/19/07--01031--018 \*\*105.00

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TALLAHASSEE, FLORIDA

A. LUNT

JAN - 3 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2007

AGNES A. VERGARA  
7775 MOKENA COURT  
NEW PORT RICHEY, FL 34654

SUBJECT: THERAOPTIMA, INC.  
Ref. Number: W07000058151

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We have received your document for THERAOPTIMA, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 107A00067787

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TheraOptima, Inc.

(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Agnes A. Vergara

(Contact Person)

(Firm/Company)

7775 Mokena Court

(Address)

New Port Richey, FL 34654

(City, State and Zip Code)

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For further information concerning this matter, please call:

Brenda Voss

(Name of Contact Person)

at ( 727 ) 845-0099

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

**Certificate of Conversion**  
For  
**“Other Business Entity”**  
Into  
**Florida Profit Corporation**

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.

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

TheraOptima, 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, sole proprietorship, 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 September 8, 2005  
(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:

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

TheraOptima, Inc.

(Enter Name of Florida Profit Corporation)

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5. If not effective on the date of filing, enter the effective date: Nov. 13, 2007.  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 13th day of November, 2007.

Signature:   
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)

Printed Name: Agnes A. Vergara Title: President

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**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**TheraOptima, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

7775 Mokena Court  
New Port Richey, FL 34654

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

President

Agnes A. Vergara  
7775 Mokena Court  
New Port Richey, FL 34654

**ARTICLE VI REGISTERED AGENT**

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

Agnes A. Vergara  
7775 Mokena Court  
New Port Richey, FL 34654

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

MF Financial Services, Inc.  
5833 US Hwy. 19  
New Port Richey, FL 34652

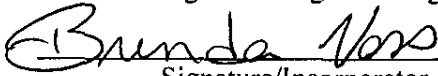
\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Signature/Registered Agent

11/13/07

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature/Incorporator

11/13/07

\_\_\_\_\_  
Date

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