

P17000100218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

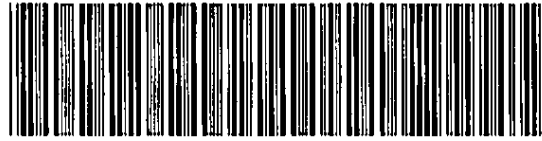
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/21/17--01010--008 **122.50

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17 DEC 21 AM 10:31
CLERK OF SUPERIOR COURT
HONOLULU, HAWAII

T. BURCH
DEC 22 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: All Aboard Therapy of the Treasure Coast, 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:

Anna Elliott

Contact Person

All Aboard Therapy of the Treasure Coast, Inc.
Firm/Company

2050 40th Ave, Ste 1
Address

Vero Beach, FL 32910
City, State and Zip Code

ajones@allaboardtherapy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Elliott

Name of Contact Person

at (772) 359-7194

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:

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

MAILING ADDRESS:

New Filings 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

All Aboard Therapy of The Treasure Coast, LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Partnership
(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 12/13/07
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:**

All Aboard Therapy of The Treasure Coast, INC
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 1/1/2018
(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.

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

Signed this 18th day of December, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Anna Elliott

Printed Name: Anna Elliott Title: _____

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

Signature: Anna Elliott

Printed Name: Anna Elliott Title: Director

Signature: Hope Lusk

Printed Name: Hope Lusk Title: Director

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

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: All Aboard Therapy of the Treasure Coast, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

2050 40th Ave, STE 1
Vero Beach, FL 32960

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Company shall be formed to provide therapy services (speech, occupational, physical, and any others pertaining to treatment) to the public population that requires these services. The Company shall be formed for any lawful purposes and shall have unlimited power to engage in and to do any lawful act concerning and all lawful businesses for which companies may be organized under Florida State laws.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anna Elliott, Director

Name and Title: _____

Address: 2050 40th Ave, Ste 1
Vero Beach, FL 32960

Address: _____

Name and Title: Hope Lusk, Director

Name and Title: _____

Address: 2050 40th Ave, Ste 1
Vero Beach, FL 32960

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Anna Elliott

Address: 2050 40th Ave, Ste 1
Vero Beach, FL 32960

ARTICLE VII INCORPORATOR

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

Name: Anna Elliott

Address: 2050 40th Ave, STE 1
Vero Beach, FL 32960

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Anna Elliott
Required Signature/Registered Agent

12/18/17
Date

I submit this document 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.817.155, F.S.

Anna Elliott
Required Signature/Incorporator

12/18/17
Date