N23000010241

(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:

(((H23000177576

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AA

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

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 the 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

COVER LETTER

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

SUBJECT: J. C. Medical Center Condominium Association, Ir
(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) 340-4516 3
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LLC into non profit

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

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida ~~Profit~~ Non Profit Corporation in accordance with s. ~~607.1115~~ 617, Florida Statutes.

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~~ Non Profit Corporation as set forth in the attached Articles of Incorporation:

J.C. Medical Center Condominium Association, Inc.
Enter Name of Florida ~~Profit~~ Non Profit Corporation

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.

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[illegible] day of [illegible], 20[illegible]

[illegible] for Florida Profit Corporation:

[illegible] Chairman, Vice Chairman, Director, Officer [illegible] Director or Officer [illegible] has not been selected, an [illegible]

[illegible] Title: PRESIDENT

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

[illegible]

[illegible] Title: MGR

[illegible] Title: __________

[illegible]

[illegible] Title: __________

[illegible]

[illegible] Title: __________

[illegible]

[illegible] Title: __________

[illegible]

[illegible] Title: __________

[illegible] General Partnership or Limited Liability Partnership:
[illegible] General Partner.

[illegible] Limited Partnership or Limited Liability Limited Partnership:
[illegible] General Partner.

[illegible] Limited Liability Company:
[illegible] Member or Authorized Representative

[illegible]
[illegible] authorized person.

[illegible]

[illegible]

FILED [illegible] 2023 FEB 24 AM 2:20 SECRETARY OF STATE TALLAHASSEE, FL

ARTICLES OF INCORPORATION

(In compliance with Chapter 617, F.S. (Not for Profit))

ARTICLE I NAME

The name of the corporation shall be: J C Medical Condo Condominium Association Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address | Mailing address, if different is:

… US Highway 1 #104

… FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Conduct lawful business in the State of Florida as a Condominium Association

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Vote of members annually

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr Frank Conidi President

Address: 1288 NE Ocean Blvd

Stuart FL 34996

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE

FILED

Name and Title

Address

Name and Title

Address

ACCEPTED REGISTERED AGENT

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

Xavier

ARTICLE II INCORPORATOR

The name and address of the Incorporator is:

ARTICLE III EFFECTIVE DATE:

(OPTIONAL)

(If no 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 document effective date on the Department of State's records.

I hereby am 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.

Required Signature of Registered Agent

Date

I hereby certify that the information indicated on this document and any attachment thereto is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this document; and that I am aware that 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.

Required Signature of Incorporator

Date

2023 JUN 26 AM 8:20