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(Re	equestor's Name)	
(Ac	ldress)	
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(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SEURLIARY OF STATE
AND ASSEEL FLORIDA

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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Treasure Co (Name of Resulting	ast Thrapists, LLC Florida Limited Company)
The enclosed Certificate of Conversion, Arconvert an "Other Business Entity" into a "accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted to 'Florida Limited Liability Company" in
Please return all correspondence concernin	g this matter to:
Jean Burdsall (Contact Person) Treasure Coast Therap (Firm/Company)	isis, Fuc
(Address)	
Vero Beach, Fl. 329 (City, State and Zip Code)	<u>- U</u>
For further information concerning this ma	utter, please call:
Jean Burdsall (Name of Contact Person)	at (172) 778-3997 H
Enclosed is a check for the following amou	mt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	at (772) 778-3997 (Area Code and Daytime Telephone Number) STANDARD 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 Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this			
0	(1400	$\langle \neg \rangle$	
Treasure Coast Therapists, Inc. (K	1700	<i>)</i>	
(Enter Name of Other Business Entity)	_	_	
2. The "Other Business Entity" is a Corporation			
(Enter entity type. Example: corporation, limited partnership, sole proprietors	hip,		
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			
(Enter date "Other Business Entity" was first organized, formed or incorporate	ed)		
•		~ ~	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country	5E		
under the laws of which it is now organized, formed or incorporated:		<u></u>	
N/A	SKCKETAKY TALLAHASSEI	2006 JAN 13	FILED
	E		'n
4. The name of the Florida Limited Liability Company as set forth in the attached	7	7	
Articles of Organization:	0 2 3 3	င္မာ	
Treasure Coast Therapists, LC	OF STATE E. FLORIDA	PM 3: 49	
(Enter Name of Florida Limited Liability Company)	_		

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5. If not effective on the date of filing, enter the effective date:	
Signed this 8th day of January 2006.	
Signature of Authorized Person: Jan M. Burdsall Printed Name: Je An M. Burdsall Title: Pres Owner	
Printed Name: Jean M. Burdsall Title: Pres/Owner	

Fees:

\$25.00 Certificate of Conversion: \$125.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "L" L.C.,")	LC," or		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	Į		
Principal Office Address: Mailing Address:			
Yero Beach, F2.32968 ARTICLE III - Registered Agent, Registered Office, & Registered Agent Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an	at's		
individual or another business entity with an active Florida registration.)	TALL	2006	
The name and the Florida street address of the registered agent are: Tean M. Burdsall Name 420 Sopwith DrivE Florida street address (P.O. Box NOT acceptable) Vero Beach FL 32968 City, State, and Zip	RETARY OF STATE AHASSEE, FLORIDA	2006 JAN 13 PM 3: 49	FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

(Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than business days prior to or 90 days after the date of filing.)

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Typed or printed name of signee

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

"MGR" = Manager

(OPTIONAL)

"MGRM" = Managing Member

The name and address of each Manager or Managing Member is as follows:

Name and Address: