

L200 00371945

(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



500353755625

10/19/20--01036--014 \*\*150.00

20 NOV 17 PM 1:31  
FBI - BOSTON  
RECEIVED

D O'KEEFE  
DEC 07 2020

W2-12776



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2020

ANDREW RUBIN  
NEW DIRECTIONS FOR YOUNG ADULTS FLORIDA  
3275 W HILLSBORO BLVD., #110  
DEERFIELD BEACH, FL 33442

SUBJECT: NEW DIRECTIONS: DIRECTION THERAPY CMT SERVICES, LLC  
Ref. Number: W20000127776

We have received your document for NEW DIRECTIONS: DIRECTION THERAPY CMT SERVICES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section " Signature of Authorized Representative of Limited Liability Company: " in the Articles of Conversion.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 820A00022195

FILED  
20 NOV 17 PM 1:31  
TALLAHASSEE, FLORIDA

2020 NOV 17 PM 1:07  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: New Directions: Direction Therapy CMT Services, LLC  
\_\_\_\_\_  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Andrew Rubin

\_\_\_\_\_  
(Contact Person)  
New Directions for Young Adults Florida, LLC

\_\_\_\_\_  
(Firm/Company)  
3275 W HILLSBORO BLVD., #110

\_\_\_\_\_  
(Address)  
DEERFIELD BEACH, FL 33442

\_\_\_\_\_  
(City, State and Zip Code)  
drrubin@ndfya.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Andrew Rubin at ( 954 ) 778-7808  
\_\_\_\_\_  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input checked="" type="checkbox"/> \$150.00 Filing Fees (S25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
---	---	---	--

**Mailing Address:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

INHS11 (7/17)

FILED  
20 NOV 17 PM 1:31  
TALLAHASSEE, FLORIDA

Articles of Conversion  
For  
"Other Business Entity"  
Into  
Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
New Directions: Direction Therapy CMT Services, Inc.

(Enter Name of Other Business Entity)

Corporation; Document Number: P20000014273

2. The "Other Business Entity" is a \_\_\_\_\_  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

Florida

First organized, formed or incorporated under the laws of \_\_\_\_\_  
(Enter state, or if a non-U.S. entity, the name of the country)

02/16/2020

on \_\_\_\_\_  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
New Directions: Direction Therapy CMT Services, LLC

(Enter Name of Florida Limited Liability Company)

10/15/2020

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

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.

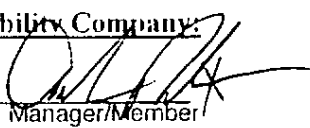
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

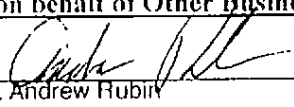
FILED  
20 NOV 17 PM 1:31  
TALLAHASSEE, FLORIDA

Signed this 15th day of October 2020

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: Andrew Rubin Title: Manager/Member

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

Signature:   
Printed Name: Andrew Rubin Title: President

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**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.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

RECEIVED  
FLORIDA

20 NOV 17 PM 1:41

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

New Directions: Direction Therapy CMT Services, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3275 W HILLSBORO BLVD., #110  
DEERFIELD BEACH, FL 33442

Mailing Address:

3275 W HILLSBORO BLVD., #110  
DEERFIELD BEACH, FL 33442

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

BRIAN L. BAKER, CPA, P.A.

Name

1900 GLADES ROAD, SUITE 356

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON

FL

33431

City

Zip

*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 605, F.S.*

Brian L Baker CPA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
20 NOV 17 PM 1:41  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Andrew Rubin

3275 W. HILLSBORO BLVD., #110

DEERFIELD BEACH, FL 33442

AMBR

Erica Rubin

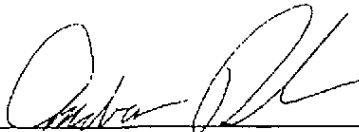
3275 W. HILLSBORO BLVD., #110

DEERFIELD BEACH, FL 33442

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Andrew Rubin

Typed or printed name of signee

**Filing Fees**

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

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

20 NOV 17 PM 1:41  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA