

L22000410579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

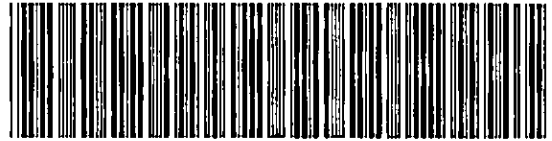
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

T. SCOTT

SEP 22 2022



300391437603

07/25/22--01044--018 **185.00

FILED
2022 SEP -7 AM 8:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2022

JOSHUA WEIBERG
2159 HUDSON GROVE DR
JACKSONVILLE, FL 32218

SUBJECT: MENTAL WELLNESS CENTER PLLC
Ref. Number: W22000100144

We have received your document for MENTAL WELLNESS CENTER PLLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please state purpose of pllc in article v,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 522A00017217

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MENTAL WELLNESS CENTER PLLC

(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:

JOSHUA WEIBERG

(Contact Person)

(Firm/Company)

2159 HUDSON GROVE DR

(Address)

JACKSONVILLE, FL 32218

(City, State and Zip Code)

JWEIBERG1@MAC.COM

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

For further information concerning this matter, please call:

JOSHUA WEIBERG

(Name of Contact Person)

at (202) 487-0246

(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)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☒ \$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

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:
MENTAL WELLNESS CENTER PLLC

(Enter Name of Other Business Entity)

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

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

on 02/09/2022
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
MENTAL WELLNESS CENTER PLLC

(Enter Name of Florida Limited Liability Company)

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.

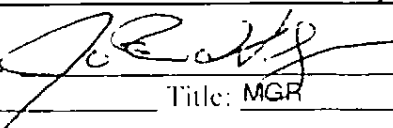
5. The plan of conversion has been approved in accordance with all applicable statutes.

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.

49
FILED
2022 SEP - 7 AM 8:02
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
FRANCHISING
REGISTRY OR VIDEO

Signed this 20 day of July 2022.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: JOSHUA WEIBERG

Title: MGR

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

Signature: 

Printed Name: JOSHUA WEIBERG

Title: MGR

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MENTAL WELLNESS CENTER PLLC

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

ARTICLE II - Address:

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

Principal Office Address:

2159 HUDSON GROVE DR
JACKSONVILLE, FL 32218

Mailing Address:

2159 HUDSON GROVE DR
JACKSONVILLE, FL 32218

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:

JOSHUA WEIBERG

Name

2159 HUDSON GROVE DR

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

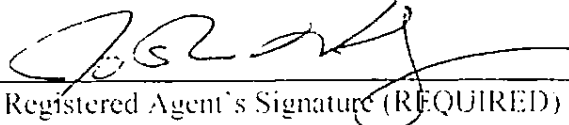
JACKSONVILLE

FL 32218

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.,


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2022 SEP - 7 AM 8:00
DIVISION OF CORPORATIONS
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:

JOSHUA WEIBERG

2159 HUDSON GROVE DR

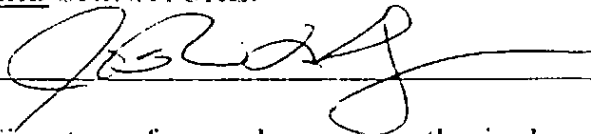
JACKSONVILLE, FL 32218

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

The company is organized to provide mental health services such as individual, group, and family therapy. Psychiatric medication management. Psychological evaluations and assessments.

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.

JOSHUA WEIBERG

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)