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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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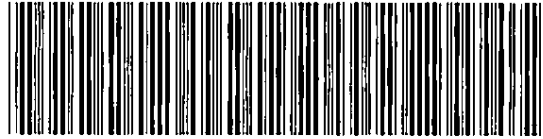
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Neurofeedback Insititute, LLC
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Regla Josefina Blanco
Contact Person

The Neurofeedback Institute
Firm/Company

1416 Santa Cruz Ave.
Address

Coral Gables, FL 33134
City, State and Zip Code

jblancopsych07@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. Josefina Blanco at (305) 785 6610
Name of Contact Person 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

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
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

The Neurofeedback Insitute
Enter Name of the Converting Entity

2. The converting entity is a LLC

(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 7/26/2012

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

The Neurofeedback Institute, PA
Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

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.

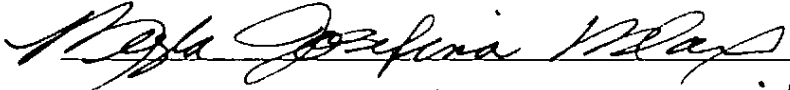
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Signed this 6 day of November, 2024.

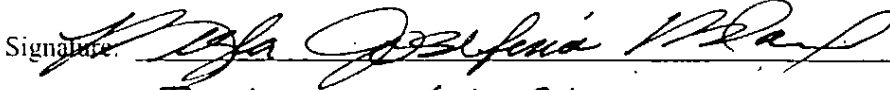
Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:



Printed Name: Regla Josefina Blanco Title: president

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 

Printed Name: Regla Josefina Blanco Title: president

Signature: N/A

Printed Name: _____ Title: _____

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:

Articles 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
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: The Neurofeedback Institute, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address <u>1416 Santa Cruz Ave</u> <u>Coral Gables FL 33134</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is dedicated to providing individual, couples, and family therapy to children, teens, and adults. Neurofeedback and biofeedback training is also provided. In addition, psychological testing is also offered. Nutritional interventions will also be an area of focus.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: <u>Regla Josefine Blanco</u> <u>president</u>	Name and Title: <u>N/A</u>
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Address: <u>1416 Santa Cruz Ave.</u> <u>Coral Gables, FL 33134</u>	Address: _____ _____
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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ARTICLE VI REGISTERED AGENT

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

Name: Begla Josefina Blanco

Address: 1416 Santa Cruz Ave,
Coral Gables FL 33134

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


Required Signature/Registered Agent

11/6/2024
Date

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*copy of original certificate -
name spelled incorrectly

State of Florida

Department of State

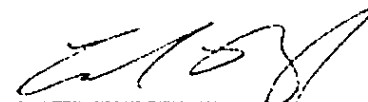
* I certify from the records of this office that THE NEUROFEEDBACK
INSITITUTE, LLC is a limited liability company organized under the laws of
the State of Florida, filed on July 26, 2012.

The document number of this limited liability company is L12000096425.

I further certify that said limited liability company has paid all fees due this
office through December 31, 2024, that its most recent annual report was filed
on September 7, 2024, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-fourth day of
September, 2024*




Secretary of State

Tracking Number: 9053637772CU

To authenticate this certificate, visit the following site, enter this number, and then
follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>