

117000004606

(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

W1700034188

APR 28 2017

T. SCOTT



600297832676

04/19/17--01022--006 **113.75

17 APR 27 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Wellness Practice Unlimited Services, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Converting LLC (Wellness Practice Unlimited Services, LLC) into
Nonprofit Corporation (Wellness Practice Unlimited Services, Inc.)

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 + \$35 conversion fee = \$113.75
(Certificate of Conversion attached)

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Solfine Dorelus

Name (Printed or typed)

581 N. Park Avenue, #169

Address

Apopka, FL 32704

City, State & Zip

321-914-9949

Daytime Telephone number

Solfine@outlook.com

E-mail address: (to be used for future annual report notification)

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Nonprofit Corporation

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

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: **Wellness Practice Unlimited Services, LLC** - **L14000061421**

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 **April 14, 2014**.

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 Nonprofit Corporation as set forth in the attached Articles of Incorporation:

Wellness Practice Unlimited Services, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: **N/A**

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

17 APR 27 AM 8:46
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Signed this 30th day of March 31, 2017.

Required Signature for Florida Nonprofit Corporation:

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

Printed Name: Solfine Dorelus Title: President

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

Signature: [Signature]

Printed Name: Solfine Dorelus Title: President

Signature: _____

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.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Wellness Practice Unlimited Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
581 N. Park Avenue, #169

Apopka, FL 32704

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

More specifically, these purposes shall include, but are not limited to:

- a. To provide therapeutic mental and behavioral health services for individuals, couples and families in need.
- b. To end institutionalization, in providing community-based services to the region's most challenging clients.
- c. To provide residential and out-patient services to those struggling with mental health and behavior issues.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Solfine Dorelus, President, Director Name and Title: _____

Address 581 N. Park Avenue, 169 Address: _____
Apopka, FL 32704

Name and Title: Manitha Dorleus, Director Name and Title: _____

Address 1918 Beardsley Dr Address: _____
Apopka, FL 32703

Name and Title: Elda Deravil Name and Title: _____

Address 420 NW 126th Address: _____
Miami, FL 33168

17 APR 27 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Solfine Dorelus
Address: 449 W. Silver Star Rd, Ste 313
Ocoee, FL 34761

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Solfine Dorelus
Address: 449 W. Silver Star Rd, Ste 313
Ocoee, FL 34761

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an 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's effective date on the Department of State's records.

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 of Registered Agent

4/4/17
Date

I submit this document and affirm that the facts stated herein are true. 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.

Required Signature of Incorporator

4/4/17
Date

Attachment to
ARTICLES OF INCORPORATION
OF
WELLNESS PRACTICE SERVICES UNLIMITED, INC.
In Compliance with Chapter 617, F.S., (Not for Profit)
MANNER OF ELECTION

The manner in which the Directors of the Corporation are elected and appointed shall be governed by the provisions of the Bylaws of the Corporation.

INUREMENT/PRIVATE BENEFIT

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

DISSOLUTION

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.