

N24000008351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

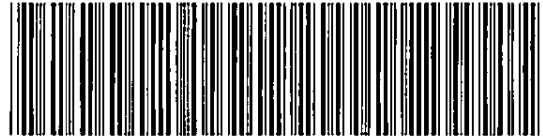
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: First Coast Sterile Processing Association LLC

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a Florida NonProfit Corporation in accordance with Florida Statutes.

Please return all correspondence concerning this matter to:

Jake McHugh

(Contact Person)

First Coast Sterile Processing Association LLC

(Firm/Company)

56 Leverick Bay Dr

(Address)

Saint Augustine, Florida 32092

(City, State and Zip Code)

jmchugh78@gmail.com

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

For further information concerning this matter, please call:

Jake McHugh

(Name of Contact Person)

at

(508)

(Area Code)

572-5173

(Daytime Telephone Number)

Certificate of Conversion
For
"Other Business Entity"
Into
Florida ~~Profit~~ Corporation
Non Profit

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida ~~Profit~~ Corporation in accordance with s. ~~607.115~~ ^{607.115}, Florida Statutes.
Non Profit ⁶⁰⁷

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

First Coast Sterile Processing Association LLC
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 March 19, 2024
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 ~~Profit~~ ^{Non Profit} Corporation as set forth in the attached Articles of Incorporation:

First Coast Sterile Processing Association Inc
Enter Name of Florida ~~Profit~~ Corporation
Non Profit

5. If not effective on the date of filing, enter the effective date: 3/19/2024

(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.

Signed this 19th day of June, 2024

Required Signature for Florida Profit Corporation:

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

Incorporator: Jake McHugh
Printed Name: Jake McHugh Title: Chapter President

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

Signature: Jake McHugh
Printed Name: Jake McHugh Title: Chapter 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.

Fees:

- | | |
|---|-------------------|
| <input checked="" type="checkbox"/> Certificate of Conversion: | \$35.00 |
| <input checked="" type="checkbox"/> Fees for Florida Articles of Incorporation: | \$70.00 |
| <input checked="" type="checkbox"/> Certified Copy: | \$8.75 (Optional) |
| <input checked="" type="checkbox"/> Certificate of Status: | \$8.75 (Optional) |

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

ARTICLE I NAME

The name of the corporation shall be: First Coast Sterile Processing Association Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

56 Leverick Bay Dr, Saint Augustine FL, 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote patient safety for the First Coast Florida local region through continuing

education, networking resources, supporting advocacy initiatives, and providing personal development for the advancement of the Sterile Processing

profession.

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

Election of officers will be held annually at the January meeting. Voting will be by written ballot. A majority vote will elect.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jake McHugh, President

Name and Title: Sara Vinson, Treasurer

Address 56 Leverick Bay Dr, Saint Augustine
FL, 32092

Address: 10007 NW 24th Place, Gainesville, FL
32606

Name and Title: Craig Wilburn, Vice President

Name and Title: Christina Garis, Secretary

Address 17425 Back Bay CT, Clermont, FL 34714

Address: 8243 Mud Lake Rd, Macclenny FL 32063

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Jake McHugh
Address: 56 Leverick Bay Dr, Saint Augustine
FL, 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jake McHugh
Address: 56 Leverick Bay Dr, Saint Augustine
FL, 32092

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

Jake McHugh
Required Signature of Registered Agent

6/19/2018
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.

Jake McHugh
Required Signature of Incorporator

6/19/2018
Date