

PO60000911125

(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



300078488953

08/25/06--01016--021 **10.00

08/11/06--01006--021 **35.00

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DIVISION OF CORPORATIONS
06 AUG 25 PM 1:16

W106-35812
J. BRYAN AUG 14 2006

J. BRYAN AUG 25 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2006

TODD WASSMER
ACTIVE CHIROPRACTIC
P.O. BOX 846
MELBOURNE, FL 32902

SUBJECT: ACTIVE CHIROPRACTIC, P.A.
Ref. Number: W06000035812

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We have received your document for ACTIVE CHIROPRACTIC, P.A. and your check(s) totaling \$95.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

The document must state the number of shares of authorized stock.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 406A00050220

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Active Chiropractic, P.A.
(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Todd Wassmer
(Contact Person)

Active Chiropractic
(Firm/Company)

P.O. Box 846
(Address)

Melbourne, FL 32902-0846
(City, State and Zip Code)

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For further information concerning this matter, please call:

Todd Wassmer at (321) 626-8886
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

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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. 607.1115, Florida Statutes.

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

Active Chiropractic, LLC

(Enter Name of Other Business Entity)

L06000060658

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

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

on 6/8/06
(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:

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

Active Chiropractic, P.A.

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: _____.
(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.)

Signed this 21 day of August, 20 06.

Signature: _____

(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)

Printed Name: Todd Wassmer Title: Incorporator

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Active Chiropractic, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1251 S. Hickory St.
Melbourne, FL 32901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic Care

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Todd Wassmer, President

ARTICLE VI REGISTERED AGENT

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

Todd Wassmer
332 Berkeley St.
Satellite Beach, FL 32937

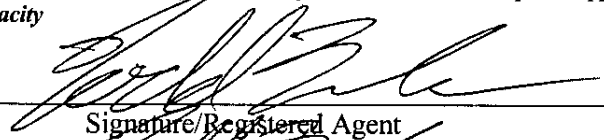
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ARTICLE VII INCORPORATOR

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

Todd Wassmer
P.O. Box 846
Melbourne, FL 32902-0846

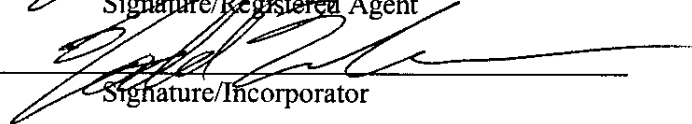
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



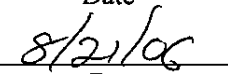
Signature/Registered Agent



Date



Signature/Incorporator



Date

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