

P07000086187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

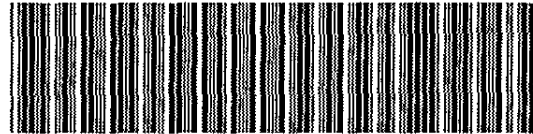
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 JUL 30 AM 10:51

JB

July 26, 2007  
Assurance Therapy, Inc.  
Heidi Goff  
692 Barrington Circle  
Winter Springs, FL 32708

RE: Assurance Therapy, LLC  
Document Number L05000004842  
EIN 20-2174296

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

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Dear Sir or Madam,

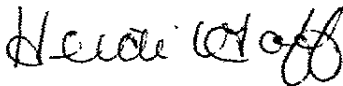
Please find enclosed the documents necessary to change my existing LLC to a Florida profit corporation. I filed my s-election documents with the IRS on January 1 of this year, making the change effective with them on that date. The EIN did not change.

Documents should have been filed with the State of Florida at this time, but there was some confusion between me and my accountant of what documentation was necessary for this transfer.

Assurance Therapy, LLC should be dissolved as soon as possible, and please accept these Articles of Incorporation and fee payment for the establishment of Assurance Therapy, Inc.

I apologize for the delay in getting this information to you and if you have any questions, please do not hesitate to contact me.

Respectfully submitted,



Heidi Goff, President *manager,*  
Assurance Therapy, Inc.  
692 Barrington Circle  
Winter Springs, FL 32708

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASSURANCE THERAPY, INC.  
(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:

HEIDI GOFF  
(Contact Person)

ASSURANCE THERAPY  
(Firm/Company)

692 BARRINGTON CIRCLE  
(Address)

WINTER SPGS FL 32708  
(City, State and Zip Code)

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For further information concerning this matter, please call:

HEIDI GOFF at (407) 312-4133  
(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

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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SECRETARY OF CORPORATIONS  
DIVISION  
07 JUL 30 AM 10:51

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:

ASSURANCE THERAPY LLC #L050000004842  
(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, sole proprietorship, 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 01-12-2005  
(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:

FLORIDA

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

ASSURANCE THERAPY, INC.  
(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 26 day of July, 20 07.

Signature: Heidi Goff, Manager, Assurance  
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.) Therapy, Inc.

Printed Name: HEIDI GOFF Title: PRESIDENT, Manager

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**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) |

**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:

ASSURANCE THERAPY, INC.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

692 BARRINGTON CIRCLE  
WINTER SPGS, FL 32708

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV      SHARES**

The number of shares of stock is:

1000

**ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

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

HEIDI GOFF, PRESIDENT  
692 BARRINGTON CIRCLE  
WINTER SPGS, FL 32708

**ARTICLE VI      REGISTERED AGENT**

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

HEIDI GOFF  
692 BARRINGTON CIRCLE  
WINTER SPGS, FL 32708

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

HEIDI GOFF  
692 BARRINGTON CIRCLE  
WINTER SPGS, FL 32708

\*\*\*\*\*

*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*

Heidi Goff, manager 7-26-07  
Signature/Registered Agent Date

Heidi Goff, manager 7-26-07  
Signature/Incorporator Date

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