

P07000135634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

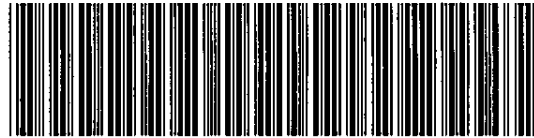
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 31 PM 2:26

T. Hampton DEC 31 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sharon Lowe Anesthesia 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:

Sharon Lowe

(Contact Person)

Sharon Lowe Anesthesia Inc.

(Firm/Company)

1006 N.W. 40th Place

(Address)

Cape Coral, FL. 33993-9120

(City, State and Zip Code)

For further information concerning this matter, please call:

David D'Hondt

(Name of Contact Person)

at ( 239 ) 707-2027

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 24, 2007

SHARON LOWE  
1006 NW 40TH PLACE  
CAPE CORAL, FL 33993-9120

SUBJECT: SHARON LOWE ANESTHESIA INC.  
Ref. Number: W07000061786

We have received your document for SHARON LOWE ANESTHESIA INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$122.50.

You must list at least one incorporator with a complete business street address.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 007A00071405

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

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:

Sharon Lowe Anesthesia 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, 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 1/01/2007  
(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:**

Sharon Lowe Anesthesia Inc.

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: 12/28/2007.  
(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 28 day of December, 2007.

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

Printed Name: Sharon Lowe Title: Pres.

**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:

Sharon Lowe Anesthesia Inc.

### **ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1006 N.W. 40th Place  
Cape Coral, FL. 33993-9120

### **ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

For any and all Legal Business

### **ARTICLE IV    SHARES**

The number of shares of stock is:

100

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

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

Sharon Lowe                      President  
1006 N.W. 40th Place  
Cape Coral, FL. 33993-9120

### **ARTICLE VI    REGISTERED AGENT**

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

Sharon Lowe  
1006 N.W. 40th Place  
Cape Coral, FL. 33993-9120

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**ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

David D'Hondt  
1006 N.W. 40th Place  
Cape Coral FL 33993-9120

\*\*\*\*\*

*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*

Sharon A. Lauer  
Signature/Registered Agent

12/28/2007  
Date

[Signature]  
Signature/Incorporator

12/28/2007  
Date

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