

PD8000040312

(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:

EFFECTIVE DATE

4/8/08

6100

Office Use Only

W08-18163



900122283769

04/07/08--01037--004 **113.75

FILED

08 APR - 7 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GA Thomas APR 22 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL FLORIDA ANESTHESIA ASSOCIATES, 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:

PIERRE A. AUGUSTIN

(Contact Person)

ALL FLORIDA ANESTHESIA ASSOCIATES, INC

(Firm/Company)

2880 BIRCH TERRACE

(Address)

DAVIE, FL. 33330

(City, State and Zip Code)

For further information concerning this matter, please call:

PIERRE A. AUGUSTIN

(Name of Contact Person)

at (786) 553-8585

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR - 7 PM 2:40

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2008

PIERRE A AUGUSTIN
2880 BIRCH TERRACE
DAVIE, FL 33330

SUBJECT: ALL FLORIDA ANESTHESIA ASSOCIATES, INC.
Ref. Number: W08000018163

We have received your document for ALL FLORIDA ANESTHESIA ASSOCIATES, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 308A00020916

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(here attached)

Please receive the "corrected effective date". I hope this information will satisfy all requirements necessary to ensure the successful registration of the above mentioned business name.

thanks

Pierre Augustin

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:

PROPERTY DEPOT, LLC

207 0000 29833

(Enter Name of Other Business Entity)

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 **03/12/2007**

(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:

N/A

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

ALL FLORIDA ANESTHESIA ASSOCIATES, INC

(Enter Name of Florida Profit Corporation)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5. If not effective on the date of filing, enter the effective date: 04/08/2008.
(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.)

P. Augustin

Signed this 26th day of MARCH, 20 08.

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

Printed Name: PIERRE A. AUGUSTIN Title: DIRECTOR

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TALLAHASSEE, FLORIDA

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:

ALL FLORIDA ANESTHESIA ASSOCIATES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2880 Birch Terrace
Davie, Fla 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- 1) To incorporate this company All Florida Anesthesia Associates, INC
- 2) To conduct any legal business and activities in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 and NO per value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pierre A. Augustin - P

ARTICLE VI REGISTERED AGENT

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

Pierre A. Augustin
2880 Birch Terrace
Davie, Fl 33330

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pierre A. Augustin
2880 Birch Terrace
Davie, FL 33330

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

Pierre Augustin
Signature/Registered Agent
Pierre Augustin
Signature/Incorporator

3/26/08
Date
3/26/08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA