

PG8000078795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

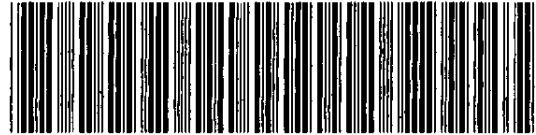
Special Instructions to Filing Officer:

L. SELLERS

AUG 26 2008

EXAMINER

Office Use Only



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08/25/08--01021--002 **105.00

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08 AUG 25 AM 8:32
SECONDARY STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UCPM 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:

JOEL A. SHUMRAK
(Contact Person)

UCPM INC
(Firm/Company)

5459 N. FEDERAL HIGHWAY
(Address)

FORT LAUDERDALE FL 33308
(City, State and Zip Code)

For further information concerning this matter, please call:

JOEL SHUMRAK at (561) 305-5845
(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

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:

UCPM 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 JUNE 30, 2008
(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

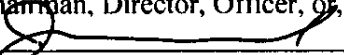
4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

UCPM, INC
(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: N/A
(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 23RD day of AUGUST, 2008.

Required Signature for Florida Profit Corporation:

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

Printed Name: JOEL A. SHUMRAK Title: OFFICER

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

Signature: 

Printed Name: JOEL A. SHUMRAK Title: 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:

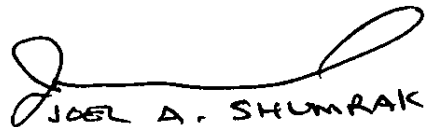
Signature of one General Partner.

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.


JOEL A. SHUMRAK

All others:

Signature of an authorized person.

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: **UCPM, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**5459 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FLORIDA 33308**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL CLINIC

ARTICLE IV SHARES

The number of shares of stock is:

7,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**JOEL A. SHUMRAK
5459 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

**PRESIDENT
SECRETARY
TREASURER**

ARTICLE VI REGISTERED AGENT

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

**JOEL A. SHUMRAK
5459 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLE VII INCORPORATOR

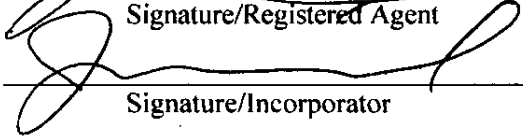
The name and address of the Incorporator is:

JOEL A. SHUMYRAK
5459 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

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



Signature/Incorporator

8/23/08

Date

8/23/08

Date

FILED
08 AUG 25 AM 8:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA