

PD8000087085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

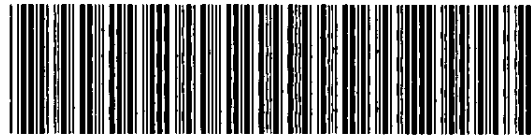
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W08000041317

Office Use Only



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09/04/08--01020--003 **122.50

FILED
2008 SEP 22 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 23 2008

EXAMINER

EFFECTIVE DATE 10/01/08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrative Chiropractic & Physical Therapy
(Name of Resulting Florida Profit Corporation) Solutions, Inc.

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:

Karen Cann
(Contact Person)

Integrative Chiropractic & Physical Therapy Solutions, Inc.
(Firm/Company)

4657 Gulf Breeze Parkway A & B
(Address)

Gulf Breeze, FL 32563
(City, State and Zip Code)

For further information concerning this matter, please call:

Karen Cann at (850) 916-9300
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2008

KAREN CANN
4657 GULF BREEZE PARKWAY A & B
GULF BREEZE, FL 32563

SUBJECT: INTERGRATIVE CHIROPRACTIC & PHYSICAL THERAPY
SOLUTIONS, INC.
Ref. Number: W08000041317

We have received your document for INTERGRATIVE CHIROPRACTIC & PHYSICAL THERAPY SOLUTIONS, INC. and your check(s) totaling \$122.50. 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.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 808A00048885

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

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TALLAHASSEE, FLORIDA

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

Integrative Chiropractic & Physical Therapy Solutions 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 4/18/05
(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:

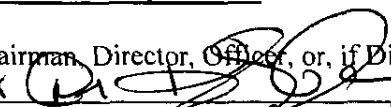
Integrative Chiropractic & Physical Therapy Solutions, Inc
(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: 10/1/08
(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.)

EFFECTIVE DATE 10/01/05

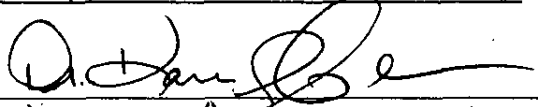
Signed this 1 day of September, 2008.

Required Signature for Florida Profit Corporation:

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

Printed Name: Karen Cann Title: President

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

Signature: X 
Printed Name: Karen Cann 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: X

Signature of a Member or Authorized Representative.

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)

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

 COPY

Integrative Chiropractic & Physical Therapy Solutions, Inc.

The undersigned incorporator, for the purposed of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Integrative Chiropractic & Physical Therapy Solutions, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*4657 Gulf Breeze Parkway A & B
Gulf Breeze, FL 32563*

ARTICLE III - CAPITAL STOCK

The number of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

**ARTICLE IV -
INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

*Karen Cann
2478 Houston Circle
Gulf Breeze, FL 32563*

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

*Karen Cann
2478 Houston Circle
Gulf Breeze, FL 32563*

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TALLAHASSEE, FLORIDA

**ARTICLE VI –
OFFICERS OF THE CORPORATION**

The name and title of the officer(s) of this Corporation is(are):

Karen Cann, President

The undersigned has (have) executed these Articles of Incorporation this, October 1, 2008.

X  PRESIDENT
(Signature and Title)

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

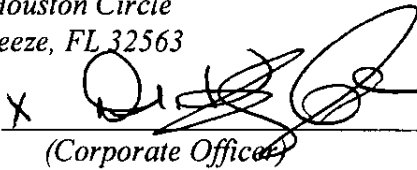
Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

- 1.) The name of the Corporation is:

Integrative Chiropractic & Physical Therapy Solutions, Inc.

- 2.) The name and address of the registered agent and office is:

Karen Cann
2478 Houston Circle
Gulf Breeze, FL 32563

Signature: X 
(Corporate Officer)

Title: PRESIDENT

Date: 9.18.08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: X 

Date: 9.18.08