

PD9000009145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

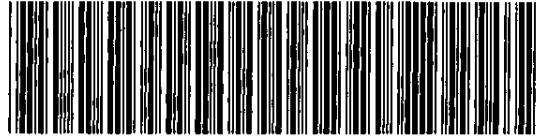
(Document Number)

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01/27/09-01046-001 **61.25

01/12/09--01045--011 **43.75

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01/28/09--01029--017 **61.25

09 JAN 28 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. THOMAS

JAN 30 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations - Scorporation -

SUBJECT: Awesome Chiropractic Center
(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:

Yolaris Garcia

(Contact Person)

Yolaris Garcia Chiropractic Center

(Firm/Company)

11730 Biscayne Blvd. #202

(Address)

Miami, FL 33181

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Yolaris Garcia

(Name of Contact Person)

at (954) 655-8551

(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

January 13, 2009

YOLARIS GARCIA, D.C.
11730 BISCANYNE BLVD #202
MIAMI, FL 33181

SUBJECT: YOLARIS GARCIA CHIROPRACTIC CENTER, L.L.C.
Ref. Number: L08000043899

We have received your document for YOLARIS GARCIA CHIROPRACTIC CENTER, L.L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$61.25.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 409A00001187

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.

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

Yolaris Garcia chiropractic Center, L.L.C.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a L.L.C.
(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 4/27/08
(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:

NI/A

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

Awesome Chiropractic Center, 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.)

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TALLAHASSEE, FLORIDA

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Signed this 16th day of January, 20 09.

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: Yoluris Garcia Title: President-owner

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

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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TALLAHASSEE, FLORIDA

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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.

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:

Awesome Chiropractic Center Inc.
- Scorporation -

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11730 Biscayne Blvd. #202
Miami, FL 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic Clinic

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):

Yolaris Garcia - 100% owner / President
2000 towerside terrace Apt 1009
Miami, FL 33138

ARTICLE VI REGISTERED AGENT

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

Yolaris Garcia
2000 towerside terrace Apt 1009
Miami, FL 33138

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TALLAHASSEE, FLORIDA

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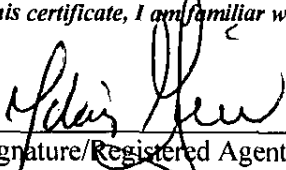
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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

- Same -

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

1/16/09

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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