

PO9000020669

(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:

L09-9487

7-25-07

A. LUNT

MAR - 5 2009

EXAMINER

Office Use Only



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03/04/09--01037--006 **105.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

February 26, 2009

Nelson L Gonzalez
17201 NW 52 Avenue
Miami Gardens, FL 33055

Florida Dept. of State
Division of Corporations
Re : Conversion

I am the sole owner of Nelson L Gonzalez D.P.M., P.A. and
Nelson L Gonzalez D.P.M., LLC

On, 1/28/2009 I made the conversion of my PA (Doc P07000084580) to the
LLC (Doc L09000009487).

I made this conversion in error and I want to keep my PA (Doc P07000084580)

I have submitted the fee and the documentation to convert the LLC back to the PA.

Thank you



Nelson L Gonzalez

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nelson L. Gonzalez, D.P.M., P.A.
(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:

Ernesto Sanchez
(Contact Person)

(Firm/Company)

762 SW 18 Avenue
(Address)

Miami, FL 33135
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ernesto Sanchez at (305) 644-9144
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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:

Nelson L Gonzalez, DPM, 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 Conversion on 01/28/2009

7-25-07

(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:**

Nelson L Gonzalez, D.P.M., P.A.

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: January 1, 2009


(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

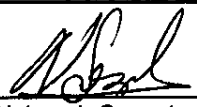
FILED

Signed this 26 day of February, 2009.

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: Nelson L Gonzalez Title: President

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

Signature: X 
Printed Name: Nelson L Gonzalez Title: Member Manager

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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SECRETARY OF STATE
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:

Nelson L. Gonzalez, D.P.M., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17201 NW 52 Avenue
Miami Gardens, FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Podiatrist Practice

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):

Nelson L Gonzalez President and Vice President
17201 NW 52 Avenue
Miami Gardens, FL 33055

ARTICLE VI REGISTERED AGENT

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

Nelson L Gonzalez
17201 NW 52 Avenue
Miami Gardens, FL 33055

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nelson L Gonzalez
17201 NW 52 Avenue
Miami Gardens, FL 33055

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

2/26/09

Date

2/26/09

Date