P09000078305

,
(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
Special Instructions to Filing Officer:
I SELLEDO
L. SELLERS
SEP 21 2009
EXAMINER

Office Use Only



900160710129

09/18/09--01021--014 **122.50

SECRETARY OF STAIL

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lana Manley Inc.	
	lting Florida Profit Corporation
	Articles of Incorporation, and fees are submitted to a "Florida Profit Corporation" in accordance with s
Please return all correspondence concern	ing this matter to:
Lana Manley	
Contact Person	
Private Medical Docto	or
Firm/Company	
7Kingston Ct	
Address	•
Stuart, Florida 3499 City, State and Zip Code	6
manleylana@yahoo.co E-mail address: (to be used for future annua	om al report notification)
For further information concerning this n	natter, please call:
Ray Elder Name of Contact Person	at (772) 214-9444 Area Code and Daytime Telephone Number
Enclosed is a check for the following am	ount:
\$105.00 Filing Fees \$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy 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 <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

of Conversion is:
Dr. Manley MD PLLC
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, 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)
on9-11-2009
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 un 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 <u>attached Articles of Incorporation:</u>
Lana Manley Inc.
Enter Name of Florida Profit Corporation
MANIRS 's" corp.
5. If not effective on the date of filing, enter the effective date: 9-20-2009
(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; <u>AND</u> 2) must be the same as effective date listed in the attached Articles of Incorporation, if an effective date is

Signe	d this15	day of	Sept.		, 20_09			
Required Signature for Florida Profit Corporation:								
Signature Signat	ture of Chairm selected, an In d Name:	nan, Vice Chairman, Di corporator:	irector, C <i>c. A.M</i> Title:	Officer, or, if I	Directors or O	fficers	have i	not
	ired Signature ure(s).]	e(s) on behalf of Other	Business	Entity: [See	below for req	uired		
Signat Printed	ture: <i></i>	na (i Marky Manley		_Title: Presi	dent			
Signat Printed	ure: d Name:			_ Title:				
Signat Printed	ure: d Name:			_ Title:				
Signat Printed	ure: d Name:			_ Title:			_	
Signat Printed	ure: d Name:			Title:				
Signat Printed	ure: d Name:			_ Title:			_	
	rida General I ure of one Ger	Partnership or Limited eral Partner.	l Liabilit	y Partnership	<u>:</u>			
		Partnership or Limited General Partners.	Liabilit	y Limited Par	tnership:			
		Liability Company: er or Authorized Repres	sentative.					
All oth Signat	hers: ure of an autho	orized person.						
Fees:			ration:	\$35.00 \$70.00 \$ 8.75 (Opti \$ 8.75 (Opti		SECRETARY O	09 SEP 18 P	7

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:

Lana Manley Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7 Kingston Ct.

Stuart, Florida 34996

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Residency Trained, Board Certified, Emergency Room Physician providing medical care in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lana Manley president

<u>ARTICLE VI REGISTERED AGENT</u>

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

Lana Manley 7 Kingston Ct Stuart, Florida 34996

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:	
ana Manley	
' Kingston Čt	
Stuart, Florida 34996	

Having been named as registered agent to accept service of process for the above stated corporation at the process designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

9-15-2009 Date

Jana G Manley Signature/Registered Agent	
Signature/Registered Agent	
Jana a Many Signature/Incorporator	
Signature/Incorporator	