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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

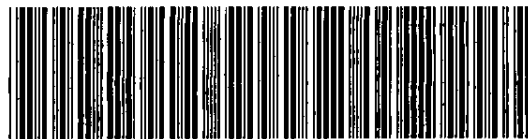
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



200163790732

12/21/09--01060--008 **105.00

10 JAN - 1 PM 1:55

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

Sign

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JAN 12 2010
EXAMINER

W09-55318

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Carri Lager Licensed Psychologist 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:

Dr. Carri Lager

Contact Person

Firm/Company

900 S. US Highway 1, Suite 101

Address

Jupiter, FL 33477

City, State and Zip Code

drcarri@drcarriager.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Carri Lager

Name of Contact Person

at (561)

Area Code and Daytime Telephone Number

727-9120
~~420-9097~~

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:

Dr. Carri Lager Licensed Psychologist 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,
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 September 1, 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:

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

Dr. Carri Lager Licensed Psychologist P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: January 1, 2010
(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.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 JAN - 1 PM 1:55

Signed this 9 day of December, 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: Dr. Carri Lager, Ph.D.

Printed Name: Dr. Carri Lager Title: Director / Officer

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

Signature: Carri Lager, Ph.D.
Printed Name: Dr. Carri Lager Title: Member

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.

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
of
Dr. Carri Lager, Licensed Psychologist, P.A.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the state of Florida.

ARTICLE I
CORPORATION NAME AND PRINCIPAL OFFICE

The name of the corporation is:

Dr. Carri Lager, Licensed Psychologist, P.A.

The corporation's principal office and mailing address is:

900 S. US Highway 1, Suite 101
Jupiter, FL 33477

ARTICLE II
DURATION

This corporation shall exist perpetually unless dissolved in accordance with Florida Law.

ARTICLE III
PURPOSE

The corporation is organized for the primary purpose of providing psychological services as permitted under the laws of the United States and the State of Florida. The corporation however, may engage in any other activity or business that is also permitted under the laws of the United States and the State of Florida.

ARTICLE IV
CAPITAL STOCK

The corporation is authorized to issue One – Hundred (100) shares of One Dollar (\$1.00) par value common stock, which shall be designated “Common Shares”.

ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent of this Corporation is the person named below:

Dr. Carri Lager
900 S. US Highway 1, Suite 101
Jupiter, FL 33477

ARTICLE VI
INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time-to-time by By-Laws, but shall never be less than one (1). The name(s) and address(es) of the initial board of director(s) of the corporation are:

Dr. Carri Lager	100%
900 S. US Highway 1, Suite 101	
Jupiter, FL 33477	

**ARTICLE VII
INCORPORATORS**

The name and address of the person signing these Articles of Incorporation is as follows:

**Dr. Carri Lager
900 S. US Highway 1, Suite 101
Jupiter, FL 33477**

IN WITNESS WHEREOF,

the undersigned incorporator has executed these Articles of Incorporation this

11 day of December, 2009.

Carri Lager, Ph.D.
Incorporator

State of Florida

County of Palm Beach SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

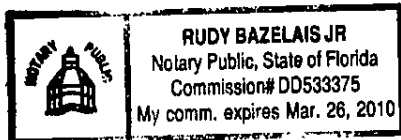
Dr. Carri Lager

Known to me and known to be the person who executed the foregoing Articles of Incorporation, and who acknowledged before me that SHE executed these Articles of Incorporation.

IN WITNESS WHEREOF,

I have hereunto affixed my hand and seal, in the State and County aforesaid, this

11 day of December, 2009.



[Signature]
Notary Public, State of Florida, at Large

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT

OF

Dr. Carri Lager, Licensed Psychologist, P.A.

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at:

**Dr. Carri Lager, Licensed Psychologist, P.A.
900 S. US Highway 1, Suite 101
Jupiter, FL 33477**

has named **Dr. Carri Lager**

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Carri Lager, Ph.D.
(Registered Agent Signature)