

P10000041268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

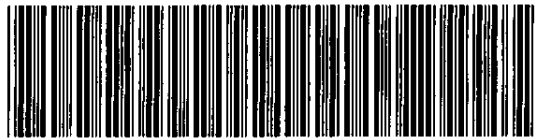
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

06461

Office Use Only



600180206556

05/05/10--01042--010 **122.50

FILED
10 MAY 13 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Olligan MAY 13 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physio Choice Inc

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:

Bolale Tairu- Caswell

Contact Person

Physio Choice Inc

Firm/Company

104 Ibisca Terrace

Address

Royal Palm Beach FL, 33411

City, State and Zip Code

Bolale@lcaswellgroup.com

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

For further information concerning this matter, please call:

Bolale Tairu-Caswell

Name of Contact Person

at (561)

Area Code and Daytime Telephone Number

718-7641

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

May 6, 2010

BOLALE TAIRU-CASWELL
104 IBISCA TERRACE
ROYAL PALM BEACH, FL 33411

SUBJECT: PHYSIO CHOICE INC.
Ref. Number: W10000022123

We have received your document for PHYSIO CHOICE 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):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 610A00011417

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

10 MAY 13 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Physio Choice llc 407-656-95

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 06/21/2007
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:

no change

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

Physio Choice 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.)

Signed this 1 day of MAY, 20 10.

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: Bolale Tairu-Caswell Title: Chief Executive Officer

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

Signature: _____

Printed Name: Bolale Tairu-Caswell Title: Chief Executive Officer

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
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Physio Choice Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

104 Ibisca Terrace, Royal Palm Beach, Florida 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

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):

Bolale Tairu-Caswell
104 Ibisca Terrace
Royal Palm Beach, Fl. 33411

ARTICLE VI REGISTERED AGENT

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


Bolale Tairu-Caswell
104 Ibisca Terrace
Royal Palm Beach, Fl. 33411

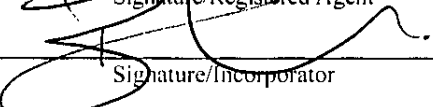
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bolale Tairu-Caswell
104 Ibisca Terrace
Royal Palm Beach, Fl. 33411

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

5/1/10
Date
5/1/10
Date

FILED
10 MAY 13 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA