

P10000053306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

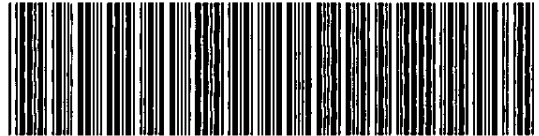
(Business Entity Name)

(Document Number)

Certified Copies 4000 Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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09/24/09--01042--013 **113.75

2010 JUN 24 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
JUN 25 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2009

GERMAN CRESPO
11701 ordington st, suite b
ORLANDO, FL 32817

SUBJECT: MINISTRY OF ACCIDENTAL INJURY, LLC
Ref. Number: L09000087337

We have received your document for MINISTRY OF ACCIDENTAL INJURY, LLC and your check(s) totaling \$113.75. 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.

You must list the name of the company in article I. A purpose must be listed in article III.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the street address of each officer/director.

You must list at least one incorporator with a complete business street address.

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) 245-6020.

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Tammi Cline
Regulatory Specialist II

Letter Number: 109A00031404

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2009

GERMAN CRESPO
12472 LAKE UNDERHILL RD. #248
ORLANDO, FL 32828

SUBJECT: MINISTRY OF ACCIDENTAL INJURY, LLC
Ref. Number: L09000087337

We have received your document for MINISTRY OF ACCIDENTAL INJURY, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6020.

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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Tammi Cline
Regulatory Specialist II

Letter Number: 109A00031404

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MINISTRY OF ACCIDENTAL INJURY, 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:

GERMAN CRESPO

Contact Person

MINISTRY OF ACCIDENTAL INJURY, INC

Firm/Company

4510 CURRY FORD ROAD

Address

ORLANDO, FLORIDA 32812

City, State and Zip Code

german0402@yahoo.com

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

For further information concerning this matter, please call:

German Crespo

Name of Contact Person

at (321)

443-8423
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 23, 2010

Ms. Tammie Clien,

I'm sending the corrected forms as you instructed me per telephone conversation. I understand you have the money order for this registration, money order#1000238814, an Amscot money order for \$113.75 I appreciate your help and cooperation.

Respectfully,


Alvin McWhorter

encl: forms

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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:

Ministry of Accidental Injury LLC

Enter Name of Other Business Entity

U09-81337

2. The "Other Business Entity" is a Limited Liability
(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 10, 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 under the laws of which it is now organized, formed or incorporated:

State of Florida

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

Ministry of Accidental Injury, 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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Signed this 16th day of June, 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: German Crespo

Printed Name: German Crespo Title: President

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

Signature: Dalys Reyes
Printed Name: DALYS REYES Title: Corporate Vice President

Signature: Alvin McWhorter
Printed Name: ALVIN MCWHORTER Title: Vice President of Legal Affairs

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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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:

MINISTRY OF ACCIDENTAL INJURY, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4510 CURRY FORD ROAD, ORLANDO, FL 32812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SERVICES TO PERSONAL INJURED CLIENTS

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000 (ONE MILLION)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GERMAN CRESPO-PRESIDENT-706 SWALLOW LANE, KISSIMMEE, FL 34759
DALYS REYES-CORPORATE VICE PRESIDENT-4510 CURRY FORD ROAD, Orlando FI 32812
ROBERT GORDON -VICE PRESIDENT OF PUBLIC RELATIONS-4305 LENNOX BLVD.
Orlando, FI 32811
ALVIN MCWHORTER VICE PRESIDENT OF LEGAL ACCOUNTS 2024 BENTLEY STREET

ARTICLE VI REGISTERED AGENT

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

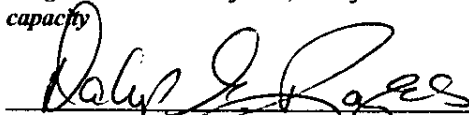
DALYS REYES - 4510 CURRY FORD ROAD, ORLANDO, FL 32812

ARTICLE VII INCORPORATOR

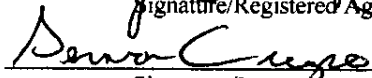
The name and address of the Incorporator is:

GERMAN CRESPO- 706 SWALLOW LANE, KISSIMMEE, FL 34759

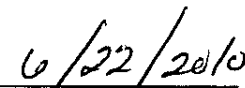
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



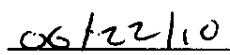
Signature/Registered Agent



Signature/Incorporator



Date



Date

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TALLAHASSEE, FLORIDA