

**PI0000078838**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

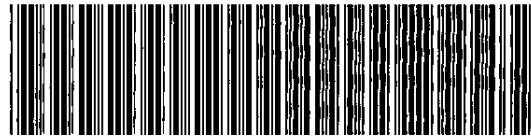
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/02/10--01014--020 \*\*105.00

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2009 SEP 28 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 29 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2010

SARAH CAMPSO, MD PLLC  
101 WASHINGTON AVE.  
#17  
MIAMI BEACH, FL 33139

SUBJECT: SARAH CAMPOS, MD INC.  
Ref. Number: W10000041770

We have received your document for SARAH CAMPOS, MD INC. and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 710A00021178

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sarah Campos, MD 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:

Sarah Campos  
Contact Person

Sarah Campos, MD, Inc.  
Firm/Company

110 WASHINGTON AVENUE UNIT 2520  
Address

MIAMI BEACH, FLORIDA, 33139  
City, State and Zip Code

SCAMPOSMONELL@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Campos, MD at ( 305 ) 753-0366  
Name of Contact Person 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

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

FILED  
2010 SEP 28 PM 12:12  
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:

Sarah Campos MD PLLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC L10000070691  
(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 JULY 02, 2010  
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:

N/A

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

Sarah Campos, MD Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: Date of filing  
(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 27 day of August, 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: \_\_\_\_\_

X Printed Name: Sarah Campes Title: Chairman

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

X Signature: \_\_\_\_\_  
Printed Name: Sarah Campes Title: MD

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)

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TALLAHASSEE, FLORIDA

**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:

Sarah Campos, MD Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

110 WASHINGTON AVENUE UNIT 2520  
MIAMI BEACH, FL 33139

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

LICENSED MEDICAL DOCTOR

**ARTICLE IV    SHARES**

The number of shares of stock is:

One

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

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

SARAH CAMPOS, MD

**ARTICLE VI    REGISTERED AGENT**

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

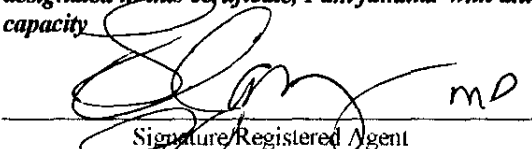
SARAH CAMPOS  
110 WASHINGTON AVENUE UNIT 2520  
MIAMI BEACH, FL 33139

**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

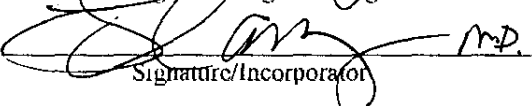
SARAH CAMPOS, MD  
110 WASHINGTON AVENUE UNIT 2520  
MIAMI BEACH, FL 33139

\*\*\*\*\*  
*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*

 md  
\_\_\_\_\_  
Signature/Registered Agent

08/27/2010

\_\_\_\_\_  
Date

 md  
\_\_\_\_\_  
Signature/Incorporator

08/27/2010

\_\_\_\_\_  
Date

FILED  
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TALLAHASSEE, FLORIDA