

P110000014173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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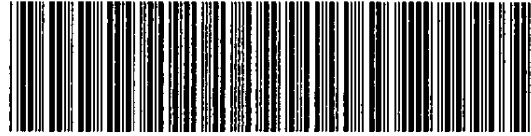
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/09/11--01029--001 **105.00

B. BOSTICK

FEB 10 2011

EXAMINED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EUROCAR CLINIC, 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:

Bill Pfingsten
Contact Person

EUROCAR CLINIC, INC.
Firm/Company

661 Mojave Trail
Address

Maitland, FL 32751
City, State and Zip Code

bill_pf@embarqmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Pfingsten at (407) 756-0628
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

FILED
11 FEB - 9 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

EUROCAR CLINIC, LLC

L11000014997

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 02/04/2011

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**:

EUROCAR CLINIC, 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.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

FILED
11 FEB - 9 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 7th day of February, 20 11.

Required Signature for Florida Profit Corporation:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Bill Pfingsten

Printed Name: Bill Pfingsten Title: Vice President

Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: Bill Pfingsten
Printed Name: Bill Pfingsten Title: Vice President

Signature: Neal Radder Jr.
Printed Name: Neal Radder Jr. Title: President

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. Neal Radder Jr.

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)

FILED
11 FEB - 9 PM 1:00
SECRETARY OF STATE
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: **EUROCAR CLINIC, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

857 Crestwood Ln

Altamonte Springs, FL 32701

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Diagnosis and mechanical repair of European brand vehicles

ARTICLE IV SHARES

The number of shares of stock is: **300**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Neal Radder Jr. President

Address: 857 Crestwood Ln

Altamonte Springs, FL 32701

Name and Title: Bill Pfingsten Vice President

Address: 661 Mojave Trail

Maitland, FL 32751

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: **BILL PFINGSTEN**

Address: 661 Mojave Trail

Maitland, FL 32751

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bill Pfingsten

Address: 661 Mojave Trail

Maitland, FL 32751

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

Bill Pfingsten
Required Signature/Registered Agent

02/07/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bill Pfingsten
Required Signature/Incorporator

02/07/2011

Date

FILED
11 FEB - 9 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA