

P1200000/5533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L12-2075  
(Document Number)

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

Special Instructions to Filing Officer:

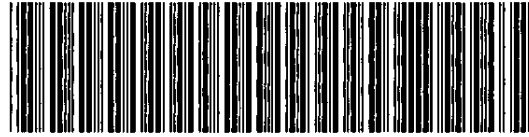
w12-5020

A. LUNT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2012

WALTER BLENNER  
GLENN & BLENNER  
2708 ALT 19 NO., SUITE 701  
PALM HARBOR, FL 34683

SUBJECT: BECK WELLNESS & CHIROPRACTIC, INC.  
Ref. Number: W12000005020

We have received your document for BECK WELLNESS & CHIROPRACTIC, INC. and your check(s) totaling \$105.00. 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 912A00002301

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BECK WELLNESS & CHIROPRACTIC, 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:

Walter Blenner

Contact Person

Glenn & Blenner

Firm/Company

2708 Alt. 19 No., Suite 701

Address

Palm Harbor, FL 34683

City, State and Zip Code

walt@glb-law.com

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

For further information concerning this matter, please call:

Walt Blenner

at ( 727 ) 786-5866

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**

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:

BECK WELLNESS & CHIROPRACTIC, LLC.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Corporation

(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 January 5, 2012

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:**

BECK WELLNESS & CHIROPRACTIC, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: January 26, 2012

(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.

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TALLAHASSEE, FLORIDA

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Signed this 13th day of January, 2012.

**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: Kristin Beck

Printed Name: KRISTIN BECK Title: President, Director

**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: Kristin Beck  
Printed Name: Kristin Beck Title: President, Director

Signature: Richard Plotrowski  
Printed Name: Richard Plotrowski Title: Secretary, Treasurer, Director

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: **Beck Wellness & Chiropractic, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1499 Main Street

Dunedin, FL 34698

Mailing address, if different is:

P.O. Box 769

Crystal Beach, FL 34681

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful purposes as can be conducted in the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: **10,000**

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

Name and Title: Kristin Beck, President, Director

Address:

P.O. Box 769

Crystal Beach, FL 34681

Name and Title:

Address:

Name and Title: Richard Piotrowski

Address:

P.O. Box 769

Crystal Beach, FL 34681

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Walter Blenner

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TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name:

Walter Blenner

Address:

2708 Alt. 19 No., Suite 701

Palm Harbor, FL 34683

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Walter Blenner

Address:

2708 Alt. 19 No., Suite 701

Palm Harbor, FL 34683

*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*

  
Required Signature/Registered Agent

January 13, 2012

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.*

  
Required Signature/Incorporator

January 13, 2012

Date