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| (Requ                                   | iestor's Name)       | •           |  |  |
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| Certified Copies                        | Certificate          | s of Status |  |  |
|   | Constitution         |             |  |  |
| Special Instructions to Filing Officer: |                      |             |  |  |
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| A. LUNT                                 |                      |             |  |  |
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## FRANK J. ROUSE Attorney at Law

680 East Main Street Suite 201 Bartow, FL 33830-4802 Phone: 863-533-6547

June 13, 2012

Registration Section Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Articles of Incorporation of Lakeland Midwifery Care, Inc.

Dear Sir/Madam:

With reference to the above, please find enclosed the following documents:

- 1. Cover Letter to Division of Corporations;
- Certificate of Conversion for "Other Business Entity" into Florida Profit Corporation;
- 3. Articles of Incorporation for Lakeland Midwifery Care, Inc. as well as an extra copy for certification purposes;
  - 4. My trust check in the amount of \$105.00 as filing fee.

I would appreciate it if you would send back to me a conformed copy of the articles, and the certificate.

Thanking you in advance for your attention with this matter and if you need anything further from me, please advise.

Sincerely,

Tank J. Rouse

FJR/lys encs. as noted

### **COVER LETTER**

TO:

Registration Section

| Division o                         | of Corporations  |   |  |      |       |
|------------------------------------|--|---|--|------|-------|
| SUBJECT: 1                         | AKELAND MIDWIFER Name of R   | RY CARE, INC. Resulting Florida Profit Co | rporation  | _    |       |
|                                    | tificate of Conversion, A<br>Entity" into a "Florida Pro           | •   | T .  |      | rt an |
| Please return all c                | orrespondence concernin  | g this matter to:                         |  |      |       |
| MARIANNE PO                        | OWER   |   |  |      |       |
|                                    | Contact Person   |   |  |      |       |
| LAKELAND MI                        | DWIFERY CARE , L   | LC.                                       |  | SECH | 3     |
|                                    | Firm/Company   |   |  |      |       |
| 201 North K                        | Kentucky Avenue  | ·   |  |      | *     |
|                                    | Address  | •   |  |      |       |
| LAKELAND, F                        | CLORIDA 33801  |   | •  |      |       |
|                                    | City, State and Zip Code   |   |  |      |       |
| Lalle lance<br>E-mail address:     | 1 Midwifery (a) (to be used for future amiual                      | gmail.com                                 | ì  |      |       |
| For further inform                 | ation concerning this ma   | tter, please call:                        |  |      |       |
| MARIANNE PO                        | WER  | at ( 863 ) 60                             | 50-0048  |      |       |
| Name of 0                          | Contact Person   |   | ime Telephone Number   |      |       |
| Enclosed is a chec                 | ck for the following amou  | ınt:                                      |  |      |       |
| <b>10</b> \$105.00 Filing Fee      | and Certificate of Status  | □\$113.75 Filing Fees and Certified Copy  | □\$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |      |       |
| STREET ADDRI                       |  | MAILING A                                 | ADDRESS:   |      |       |
| Registration Section               |  | Registration Section                      |  |      |       |
| Division of Corpo                  | rations  | Division of Corporations                  |  |      |       |
| Clifton Building 2661 Executive Co | ilding P. O. Box 6327<br>utive Center Circle Tallahassee, FL 32314 |   |  |      |       |
| Tallahassee, FL 3                  |  | i ananassee,                              | . <i>D 323</i> 17  |      |       |

# 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:

#### LAKELAND MIDWIFERY CARE, LLC.

- 2. The "Other Business Entity" is a limited liability company first organized, formed or incorporated under the laws of Florida on October 15, 2010.
- 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: LAKELAND MIDWIFERY CARE, INC.
- 5. If not effective on the date of filing, enter the effective date: Date of filing.
- 6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s)

Certificate of Conversion, for "Other Business Entity" into Florida Profit Corporation - Lakeland Midwifery Care, Inc. Page two

and the requirements of s. 607.1115, F. S., in effecting the conversion. The plan of conversion has been approved in writing by MARIANNE POWER, the only member and manager of the "Other Business Entity". No other members to be notified.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.(L10000092212).

SIGNED on this 12 day of June, 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 Incorporation:

\*\*Title: Incorporator\*\*

Required Signature on behalf of other business entity:

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:

Mayanne Jowes

Title: Only member/Manager

#### ARTICLES OF INCORPORATION

OF

#### LAKELAND MIDWIFERY CARE, INC.

We, the undersigned natural persons competent to contract, do hereby form and become a corporation for profit under the laws of the State of Florida, and do hereby certify that we have become such corporation under and pursuant to the following Articles of Incorporation:

#### ARTICLE I

The name of the corporation is: LAKELAND MIDWIFERY CARE OINC.

#### ARTICLE II

The corporation shall engage in any activities or business which is permitted under the laws of the United States and the State of Florida and all lawful business for which corporations may be incorporated in the State of Florida.

#### ARTICLE III

The period of existence of this corporation shall be perpetual or, until dissolved by law.

#### ARTICLE IV

The total authorized capital stock of this corporation shall be One Thousand (1000) shares of common stock at Ten Dollars (\$10.00)

par value. The stock shall be paid for in cash, property, or services at a fair valuation to be fixed by the Board of Directors at a meeting called for that purpose.

#### ARTICLE V

The initial street address of the principal office of the corporation shall be 201 North Kentucky Avenue, Lakeland, Florida, 33801, but it may establish branch offices in any other place and may change the place of the principal office as and when it is deemed advisable by its Board of Directors. The initial registered agent shall be MARIANNE POWER, 201 North Kentucky Avenue, Lakeland; Florida, 33801.

#### ARTICLE VI

The number of directors comprising the Board of Directors of the corporation shall be not less than two (2), nor more than five (5). The number of directors comprising said Board may be changed from time to time by resolution of the Board of Directors.

#### ARTICLE VII

The name and street address of the members of the first Board of Directors of this corporation are as follows:

#### NAME ADDRESS

MARIANNE POWER, 205 East Hibiscus Drive, Lakeland, FL 33803;
MELISSA KAY CONORD-MORROW, 741 Cedar Knoll Drive South, Lakeland,
Florida 33809

#### ARTICLE VIII

The officers of this corporation shall be a president, a vice-president, and a secretary/treasurer. The initial officers shall be as follows:

- 1. President, MARIANNE POWER, 205 East/Hibiscus Drive, Lakeland, Florida 33803; and
- 2. Vice-President, Secretary/Treasurer, MELISSA KAY CONORD-MORROW,
  741 Cedar Knoll Drive South, Lakeland, Florida, 33809.

#### ARTICLE IX

Subject to change at any time by the By-Laws of the corporation, the annual meeting of the Stockholders shall be held at the principal office of the corporation on November 1.

#### ARTICLE X

The names and place of the residences and address of each of the original subscribers to the capital stock of this corporation and incorporators, and the number of shares subscribed by each is as follows:

| NAME            | ADDRESS   | SHARES | AMOUNT |
|-----------------|---|--------|--------|
| MARIANNE POWER, | 205 East Hibiscus Drive, Lakeland Florida 33803               | , 50   | 500    |
| MELISSA KAY CON | ORD-MORROW, 741 Cedar Knoll Drive,<br>Lakeland Florida. 33809 | 50     | 500    |

#### ARTICLE XI

These Articles of Incorporation may be changed as provided in this article. Every amendment shall be approved by the Board of

Directors, proposed by the Board of Directors to the Stockholders and approved at any regular or special stockholders' meeting by a majority of the stockholders entitled to vote thereof. These Articles of Incorporation may also be amended by all the stockholders and all the directors executing a written statement manifesting their intention that a certain amendment to the Articles of Incorporation be made.

#### ARTICLE XII

Upon the filing of these Articles of Incorporation with the Secretary of the State of Florida, together with his/her endorsement of approval thereon, these Articles of Incorporation shall, and they are deemed to be the Certificate of Incorporation of this corporation.

IN WITNESS WHEREOF, We, the undersigned subscribers do hereby make and file in the Office of the Secretary of the State of Florida these Articles of Incorporation and certify that the facts herein stated are true.

Mulanue owe (SEAL)
MARIANNE POWER, Incorporator

MELISSA KAY CONORD-MORROW, Incorporator

#### STATE OF FLORIDA COUNTY OF POLK

I HEREBY CERTIFY that before me, the undersigned authority, personally appeared MARIANNE POWER and MELISSA KAY CONORD-MORROW, to me personally known and known to me to be the individuals described in and who executed the foregoing Articles of Incorporation and they acknowledged before me that they executed the same for the uses and purposes herein expressed and who did not produce identification upon oath being taken.

WITNESS my hand and official seal in the County and State named above, on this  $\underline{\hspace{1cm}} \hspace{1cm} \underline{\hspace{1cm}} \hspace{1cm} \hspace{1cm} \underline{\hspace{1cm}} \hspace{1cm} \hspace{1cm} \underline{\hspace{1cm}} \hspace{1$ 

PRANK J ROUSE, Notary Public My Commission, Property 1

My Commission #905749 Expires Aug. 28, 2013 Concled through Western Surety

#### ACCEPTANCE OF REGISTERED AGENT

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.

DATED this 12 day of June, 2012.

Mananelowe (SEAL)

205 East Hibiscus Drive Lakeland, FL 33803