

P1300050601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 23 PM 1:31



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2013

PETER E ABRAHAM  
BISCAYNE MEDIATION  
19 W FLAGLER ST, STE 905  
MIAMI, FL 33130

SUBJECT: BISCAYNE MEDIATION, INC  
Ref. Number: W13000050467

RECEIVED  
13 SEP 23 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BISCAYNE MEDIATION, INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 113A00021467

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Biscayne Mediation, 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:

Peter E. Abraham  
Contact Person

Biscayne Mediation  
Firm/Company

19 W. Flagler St., Ste 905  
Address

Miami, FL 33130  
City, State and Zip Code

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

For further information concerning this matter, please call:

Ana Abraham at (305) 987-5358  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|---|---|---|---|

**STREET ADDRESS:**

Charter Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Charter Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

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DIVISION OF CORPORATIONS

13 SEP 23 PM 1:32

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:

Biscayne Mediation, LLC  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(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 3/21/2002  
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:**

Biscayne Mediation, 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.)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

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**ARTICLE I NAME**

The name of the corporation shall be: Biscayne Mediation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address:  
19 W. Flagler St.  
Suite 905  
Miami, FL 33130

Mailing address, if different is:

N/A

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Alternative Dispute Resolution

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Peter E. Abraham Pres./chairman

Address: 19 W. Flagler St., Ste 905  
Miami, FL 33130

Address: N/A

Name and Title:

Address:

N/A

Name and Title:

Address:

N/A

Name and Title:

Address:

N/A

Name and Title:

Address:

N/A

**ARTICLE VI REGISTERED AGENT**

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

Name: Peter E. Abraham  
Address: 19 W. Flagler St., Ste. 905  
Miami, FL 33130

Signed this 3<sup>rd</sup> day of September, 2013 FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Peter Abraham Title: chairman

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

Signature: Peter E. Abraham  
Printed Name: Peter E. Abraham Title: mgr/ member chairman

Signature: N/A  
Printed Name: N/A Title: N/A

Signature: N/A  
Printed Name: N/A Title: N/A

Signature: N/A  
Printed Name: N/A Title: N/A

Signature: N/A  
Printed Name: N/A Title: N/A

Signature: N/A  
Printed Name: N/A Title: N/A

**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)

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

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DIVISION OF CORPORATIONS

Name:

Peter E. Abraham

Address:

19 W. Flagler St., Ste 905  
Miami, FL 33130

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\*\*\*\*\*

*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*

Peter

Required Signature/Registered Agent

9/3/13

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.*

Peter

Required Signature/Incorporator

9/3/13

Date