

P/3000/02/02

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

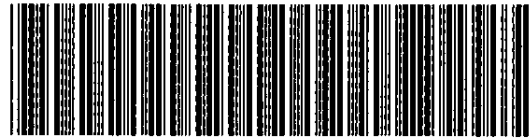
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500254563235

12/11/13--01016--021 **113.75

FILED
13 DEC 27 PM 3:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

W13-68041

u 12/30/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 DEC 27 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 12, 2013

PETER DEMIAN, CPA
DEMIAN AND COMAPNY LLC
340 NORTH AVE. EAST
CRANFORD, NJ 07016

SUBJECT: PRIME SPORTS PHYSICAL THERAPY INC.
Ref. Number: W13000068041

We have received your document for PRIME SPORTS PHYSICAL THERAPY INC. and your check(s) totaling \$113.75. 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.

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 the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 113A00028293

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: PRIME SPORTS PHYSICAL THERAPY LLC
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 DEMIAN, CPA

Contact Person

DEMIAN AND COMPANY LLC

Firm/Company

340 NORTH AVE EAST

Address

CRANFORD, NJ 07016

City, State and Zip Code

PETER@TAXPROCPA.COM

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

For further information concerning this matter, please call:

PETER DEMIAN, CPA at (908) 272-4452

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
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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

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:

PRIME SPORTS PHYSICAL THERAPY LLC (L10-101667)

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **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 **SEPTEMBER 29, 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:**

PRIME SPORTS PHYSICAL THERAPY 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.)

FILED
13 DEC 27 PM 3:11
TALLAHASSEE, FLORIDA

Signed this 4 day of DECEMBER, 2013.

Required Signature for Florida Profit Corporation:

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

Printed Name: EUGENE JANG Title: PRESIDENT

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

Signature: Eugene Jang
Printed Name: Eugene Jang Title: President

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)

FILED
13 DEC 27 PM 3:26
CLERK OF DISTRICT COURT
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: PRIME SPORTS PHYSICAL THERAPY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
2989 NATOMA STREET, MIAMI FL 33133

Mailing address, if different is:
2989 NATOMA STREET, MIAMI FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EUGENE JANG, PRES.

Name and Title: _____

Address: 2989 NATOMA STREET, MIAMI FL 33133

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: EUGENE JANG

Address: 2989 NATOMA STREET, MIAMI FL 33133

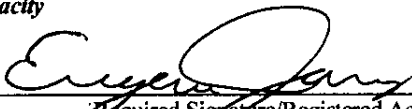
13 DEC 27 PM 3:26
STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EUGENE JANG
Address: 2989 NATOMA STREET, MIAMI FL 33133

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

12/6/13
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.


Required Signature/Incorporator

12/6/13
Date

FILED
13 DEC 27 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA