

PK000021104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

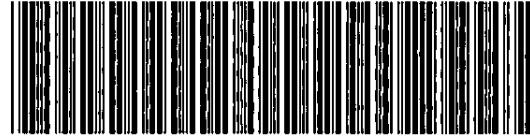
(Business Entity Name)

(Document Number)

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

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02/06/14--01028--024 \*\*30.00

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14 MAR -6 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11K1 9057 MD 3/10

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oceanside Psycological Services, LLC

Name of Florida Limited Liability Company

The enclosed Certificate of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Nicole Valdes, P.h.D.

Contact Person

Nicole Valdes, P.h.D. P.A. and Associates

Firm/Company

12955 Biscayne Boulevard, Suite 203

Address

North Miami, FL 33181

City, State and Zip Code

swaggerty-valdes@att.net

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

For further information concerning this matter, please call:

Nicole Valdes, P.h.D

Name of Contact Person

at ( 954 ) 465-1633

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee  
and Certificate of  
Status

☐ \$55.00 Filing Fee  
and Certified Copy

☐ \$60.00 Filing Fee,  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2014

NICOLE VALDES, P.H.D.  
12955 BISCAYNE BLVD., SUITE 203  
NORTH MIAMI, FL 33181

SUBJECT: NICOLE VALDES, PH. D. AND ASSOCIATES  
Ref. Number: W14000009057

We have received your document for NICOLE VALDES, PH. D. AND ASSOCIATES and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The application does not meet all the filing requirements.

We are enclosing the proper form(s) with instructions for your convenience.

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.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 714A00003139

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Nicole Valdes, Ph.D. and Associates, P.A.  
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:

Nicole Swaggerty-Valdes PhD  
Contact Person

Oceanside Psychological Services  
Firm/Company

12955 Biscayne Blvd, Ste. 203  
Address

North Miami, FL 33181  
City, State and Zip Code

swaggerty-valdes@att.net  
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Swaggerty-Valdes at (954) 465-1633  
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

75  
already paid  
\$30

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2014

NICOLE VALDES, P.H.D.  
12955 BISCAYNE BLVD., SUITE 203  
NORTH MIAMI, FL 33181

SUBJECT: NICOLE VALDES, PH. D. AND ASSOCIATES, P.A.  
Ref. Number: W14000009057

We have received your document for NICOLE VALDES, PH. D. AND ASSOCIATES, P.A. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 714A00003139

**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:

Oceanside Psychological Services, LLC  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC L11000045121  
(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 4/15/11  
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:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Nicole Valdes, Ph.D. and Associates, P.A.  
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.)

Signed this 21<sup>st</sup> day of February, 2014.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or if Directors or Officers have not been selected, an Incorporator: Nicole R. Swaggerty - Valdes PhD

Printed Name: Nicole R. Swaggerty - Valdes, PhD Title: President

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

Signature: Nicole R. Swaggerty - Valdes PhD  
Printed Name: Nicole R. Swaggerty - Valdes PhD 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)

## 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: Nicole Valdes, Ph.D. and Associates, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address  
12955 Biscayne Boulevard, Suite 203  
North Miami, FL 33181

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~Any and all lawful business~~ <sup>error 11/3/14</sup> The purpose of  
the business is a private practice for licensed  
clinical psychologists to treat patients on an  
individual, couples and group therapy level.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole R. Swaggerty-Valdes, Ph.D. Name and Title: President  
Address: 12955 Biscayne Blvd, Ste 203 Address: \_\_\_\_\_  
North Miami, FL 33181

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: Nicole R. Swaggerty-Valdes, PhD  
Address: 12955 Biscayne Blvd, Ste 203  
North Miami, FL 33181



**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nicole R. Swaggerty-Valdes, PhD

Address: 12955 Biscayne Blvd, Ste 203  
North Miami, FL 33181

FILED  
14 MAR -6 AM 11:40  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

*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*

Nicole R. Swaggerty-Valdes PhD  
Required Signature/Registered Agent

2/21/14  
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.*

Nicole R. Swaggerty-Valdes PhD  
Required Signature/Incorporator

2/21/14  
Date

Full name Nicole R. Swaggerty-Valdes PhD