

P14000025128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

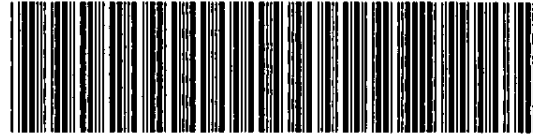
(Business Entity Name)

(Document Number)

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

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Office Use Only



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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 20 PM 1:27

*[Handwritten signature]*  
C312114

12/4-14232



RECEIVED

14 MAR 20 PM 2:09

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FLORIDA

March 7, 2014

SANDRA C. DA SILVA BONFIM  
DA SILVA ANESTHESIA SERVICES CORP.  
572 BELLE GROVE LANE  
ROYAL PALM BEACH, FL 33411

SUBJECT: DA SILVA ANESTHESIA SERVICES CORP  
Ref. Number: W14000014232

We have received your document for DA SILVA ANESTHESIA SERVICES CORP and your check(s) totaling \$105.00. 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 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 Organization, if any.

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 714A00004793

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** DA Silva Anesthesia Service Corp.  
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:

Sandra C. DA Silva BONFIM  
Contact Person

DA Silva Anesthesia Services Corp  
Firm/Company

572 Belle Glue Ln  
Address

Royal Palm Beach, FL 33411  
City, State and Zip Code

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

For further information concerning this matter, please call:

Sandra C. DA Silva at ( 787 ) 403-7835  
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:**  
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**

FLA  
SECRETARY OF STATE  
DIVISION OF CORPORATION

14 MAR 20 PM 1:27

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:

DA Silva Anesthesia Services LLC

Enter Name of Other Business Entity

DC L13000020700

2. The "Other Business Entity" is a Limited Liability Company  
(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 2-4-2013  
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:**

DA Silva Anesthesia Services Corp.

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 26 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: Sandra de Silva

Printed Name: SANDRA DA SILVA Title: President  
BONFIM

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

Signature: Sandra de Silva  
Printed Name: SANDRA DA SILVA Title: Manager  
BONFIM

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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 20 PM 1:27

**ARTICLE I NAME**

The name of the corporation shall be:

DA Silva Anesthesia Service Corp

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

572 Belle Gurnee LN  
Royal Palm Beach FL  
33411

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide Professional Anesthesia Services

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title:

Sandra C. DA SILVA

Name and Title:

Address:

BONFIM  
572 Royal Palm Beach  
FL, 33411

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:

Sandra C. DA SILVA BONFIM

Address:

572 Royal Palm Beach  
FL, 33411

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sandra C. Da Silva Bonfim  
Address: 572 Beele Grove LN  
Royal Palm Beach, FL 33411

\*\*\*\*\*

*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*

Sandra da Silva Bonfim  
Required Signature/Registered Agent

2-26-14  
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.*

Sandra da Silva Bonfim  
Required Signature/Incorporator

2-26-14  
Date