

P14 000026417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

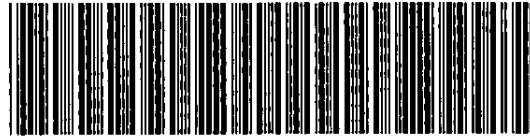
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500257352965

03/04/14--01009--004 **105.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 24 AM 10:16

L06000063292
3/25/14

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: TEKNO-MED, L.L.C.

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:

VERONICA PUENTES

Contact Person

SILVAS FINANCIAL SERVICES, LLC

Firm/Company

5220 S UNIVERTISITY DR STE C-102

Address

DAVIE FL 33328

City, State and Zip Code

accounting3@silvasfinancialservices.com

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

For further information concerning this matter, please call:

VERONICA PUENTES

Name of Contact Person

at (954) 204-0430

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2014

VERONICA PUENTES
5220 S UNIVERSITY DR., STE C-102
DAVIE, FL 33328

SUBJECT: TEKNO-MED, L.L.C.
Ref. Number: L06000063292

We have received your document for TEKNO-MED, L.L.C. 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.

A signature for the Florida Profit Corporation is required.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 414A00005076

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 20 AM 10:16

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:

TEKNO-MED, L.L.C.

Enter Name of Other Business Entity

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 **THE STATE OF FLORIDA**
(Enter state, or if a non-U.S. entity, the name of the country)

on **JUNE 21ST, 2006**

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:**

REBECA LOZANO, P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: **01/01/2014**
(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 22 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: 

Printed Name: REBECA LOZANO Title: MANAGER

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

Signature: 

Printed Name: REBECA LOZANO 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.

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: REBECA LOZANO, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

251 CRANDON BLVD. SUITE 423

KEY BISCAYNE, FL 33149

Mailing address, if different is:

251 CRANDON BLVD. SUITE 423

KEY BISCAYNE, FL 33149

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REBECA LOZANO - PRESIDENT

Address: 251 CRANDON BLVD. SUITE 423
KEY BISCAYNE, FL 33149

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: SILVAS FINANCIAL SERVICES, LLC

Address: 5220 S UNIVERSITY DR STE C-102

DAVIE FL, 33328

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 20 AM 10:16

ARTICLE VII INCORPORATOR

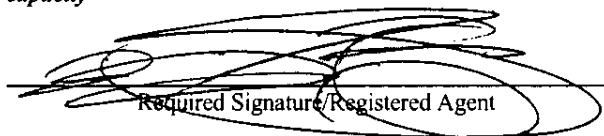
The **name and address** of the Incorporator is:

Name: SILVAS FINANCIAL SERVICES, LLC

Address: 5220 S UNIVERSITY DR STE C-102

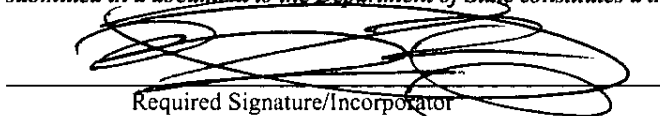
DAVIE FL, 33328

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

03/01/14
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.


Required Signature/Incorporator

03/01/14
Date