

P140000026792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

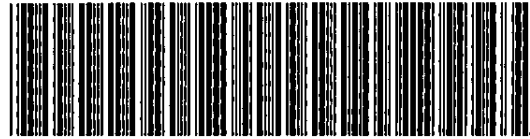
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/07/14--01009--004 **105.00

FILED
14 MAR 25 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1114 15183

UND 3/24

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Enhanced Recovery Services Corporation

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:

Charles Gilley Jr.

Contact Person

Enhanced Recovery Services Corporation

Firm/Company

960 Rogero Road Suite 3

Address

Jacksonville, FL 32211

City, State and Zip Code

Cgilley@erscollections.com

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

For further information concerning this matter, please call:

Charles Gilley

at (**904**) **540-4722**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2014

CHARLES GILLEY JR.
960 ROGERO ROAD, SUITE 3
JACKSONVILLE, FL 32211

SUBJECT: ENHANCED RECOVERY SERVICES CORPORATION
Ref. Number: W14000015183

We have received your document for ENHANCED RECOVERY SERVICES CORPORATION 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 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.

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 filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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: 214A00005161

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

FILED
14 MAR 25 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Enhanced Recovery Services, LLC

Enter Name of Other Business Entity

L13000155183

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 **11/01/2013**

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:**

Enhanced Recovery Services Corporation

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: _____

Printed Name: Charles Gilley Title: President/ Chairman

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

Signature: _____

Printed Name: Charles Gilley Title: Managing member

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)

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14 MAR 25 PM 1:00
SECRETARY OF STATE
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: Enhanced Recovery Services Corporation

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailling address is:

Principal street address
960 Rogero Road
Suite 3
Jacksonville, FL 32211

Mailing address, if different

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Professional corporation

ARTICLE IV SHARES 40,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Charles Gilley President/Chairman</u>	Name and Title:	_____
Address:	<u>960 Rogero Road</u> <u>Suite 3, Jacksonville, FL 32211</u>	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: Charles Gilley
Address: 960 Rogero Road Suite 3
Jacksonville, FI 32211

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JACKSONVILLE, FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Gilley
Address: 960 Rogero Road suite 3
Jacksonville, Fl 32211

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

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.



Required Signature/Incorporator

2/26/14

Date