

P/4000039910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

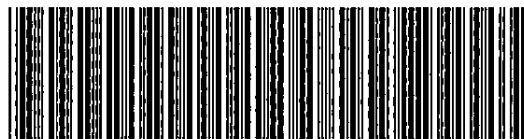
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/28/14--01013--007 **105.00

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TALLAHASSEE, FLORIDA

K 05/07/14

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ALLIANCE MEDICAL BILLING 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:

CLAUDIA SLY

Contact Person

DAYTONA SOLUTIONS! INC

Firm/Company

524 S SEGRAVE ST

Address

DAYTONA BEACH, FL 32114

City, State and Zip Code

DAYTONASOLUTIONS@CFL.RR.COM

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

For further information concerning this matter, please call:

CLAUDIA SLY at (386) 239-7637

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings 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:

ALLIANCE MEDICAL BILLING LLC (412-111686)
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 **FLORIDA**
(Enter state, or if a non-U.S. entity, the name of the country)
on **08/29/2012** ✓
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:**

ALLIANCE MEDICAL BILLING 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.)

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TALLAHASSEE, FLORIDA

Signed this 25th day of April, 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: Michelle McGuire

Printed Name: MICHELLE MCGUIRE Title: MGR

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

Signature: * Erin McGuire
Printed Name: ERIN MCGUIRE Title: MGR

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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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: ALLIANCE MEDICAL BILLING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

6110 PALMAS DR
PORT ORANGE, FL 32127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL AND ANY LAWFUL BUSINESS

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHELLE MCGUIRE -PRESIDENT

Name and Title: _____

Address: 6110 PALMAS DR
PORT ORANGE, FL 32127

Address: _____

Name and Title: ERIN MCGUIRE - SECRETARY

Name and Title: _____

Address: 100-1 KING BIRD CIRCLE
DAYTONA BEACH, FL 32119

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: MICHELLE MCGUIRE -PRESIDENT

Address: 6110 PALMAS DR
PORT ORANGE, FL 32127

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TALLAHASSEE, FLORIDA

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ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Name: MICHELLE MCGUIRE -PRESIDENT

Address: 6110 PALMAS DR
PORT ORANGE, FL 32127

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

Michelle McGuire

Required Signature/Registered Agent

4/25/14

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.

Michelle McGuire

Required Signature/Incorporator

4-25-14

Date

MICHELLE MCGUIRE

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TALLAHASSEE, FLORIDA