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(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Moore's Chiropractic Health Clinic Inc.

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:

Earl Moore, DC

Contact Person

Moore's Chiropractic Health Clinic, Inc.

Firm/Company

502 S Ferdon Blvd, Suite B

Address

Crestview, FL 32536

City, State and Zip Code

earlmoore@ymail.com

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

For further information concerning this matter, please call:

Earl Moore, DC

Name of Contact Person

at (850) 682-8550

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:

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:

Moore's Chiropractic Health Clinic

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **Sole Proprietor**
(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 **07/05/2005**
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:**

Moore's Chiropractic Health Clinic 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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Signed this 15 TH day of SEPTEMBER, 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: Earl Moore

Printed Name: EARL MOORE Title: CHAIRMAN

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

Signature: Earl Moore

Printed Name: EARL MOORE Title: SOLE PROPRIETOR

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: Moore's Chiropractic Health Clinic Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is

502 S Ferdon Blvd, Suite B
Crestview, FL 32536

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Corporation is to engage in any lawful act or activity for which an
incorporation may be organized under the General Corporation Laws of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 2 @ 1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Earl Moore, DC

Address: 502 S Ferdon Blvd, Suite B
Crestview, FL 32536

Name and Title: Georgia Moore, CA

Address: 502 S Ferdon Blvd, Suite B
Crestview, FL 32536

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: Earl Moore, DC
Address: 502 S Ferdon Blvd, Suite B
Crestview, FL 32536

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Earl Moore, DC
Address: 502 S Ferdon Blvd, Suite B
Crestview, FL 32536

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

Earl Moore
~~Required Signature~~/Registered Agent
EARL MOORE

9-15-14
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.

Earl Moore
~~Required Signature~~/Incorporator
EARL MOORE

9-15-14
Date