

P1400000 85620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

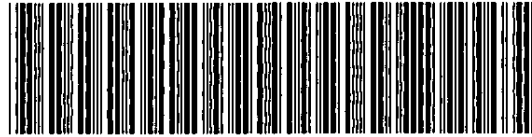
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

OCT 20 2014

T. SCOTT



000263155150

07/28/14--01003--021 **113.75

RECEIVED
DIVISION OF CORPORATE AFFAIRS
OCT 20 PM 4:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2014

CORY M SCOTT
PRIMETIME
1003 COLLEGE BLVD W - STE 1
NICEVILLE, FL 32578

SUBJECT: PRIMETIME PHYSICAL THERAPY INC
Ref. Number: W14000046600

We have received your document for PRIMETIME PHYSICAL THERAPY INC and your check(s) totaling \$113.75. 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.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 714A00018347

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: PRIMETIME PHYSICAL THERAPY, 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:

CORY M SCOTT

Contact Person

PRIMETIME PHYSICAL THERAPY, INC

Firm/Company

1823 HURLBURT RD, UNIT 4

Address

FT WALTON BEACH, FL 32547

City, State and Zip Code

DRANK1906@HOTMAIL.COM

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

For further information concerning this matter, please call:

CORY SCOTT

Name of Contact Person

at (850) 279-4660

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:

PRIMETIME PHYSICAL THERAPY, LLC(L10000050954

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 07/01/2014
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:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:


PRIMETIME PHYSICAL THERAPY, 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.)


Signed this 1 day of JULY, 20 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: CORY SCOTT Title: PRESIDENT

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

Signature: 

Printed Name: CORY SCOTT 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.

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)

RECEIVED
DIVISION OF REVENUES
OCT 20 PM 4:08

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: PRIMETIME PHYSICAL THERAPY, INC

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

Principal street address

Mailing address, if different is:

1823 HURLBURT RD, UNIT 4
FT. WALTON BEACH FL 32547

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
OFFICE OF PHYSICAL THERAPY

ARTICLE IV SHARES 10
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CORY SCOTT PRESIDENT
Address: 1823 HURLBURT RD, UNIT 4
FT. WALTON BEACH FL 32547

Name and Title: _____
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: CORY SCOTT
Address: 1823 HURLBURT RD, UNIT 4
FT WALTON BEACH FL 32547


RECEIVED
DIVISION OF REVENUE
OCT 20 PM 4:08

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CORY SCOTT
Address: 1823 HURLBURT RD, UNIT 4
FT WALTON BEACH FL 32547

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

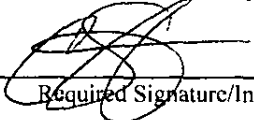


Required Signature/Registered Agent

8/21/14

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

8/21/14

Date

RECEIVED
DIVISION OF CORPORATIONS
OCT 20 PM 4:08