

P/4000 90478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

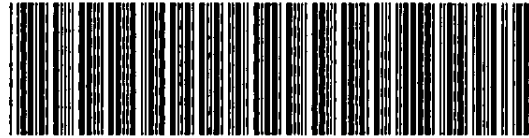
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

W/4-63250



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14 NOV -4 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 6 2014  
S. GILBERT

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Moore Independent 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:

Bethany Moore  
Contact Person

Moore Independent Therapy, LLC  
Firm/Company

108 Pullman St.  
Address

Montrose, CO 81401  
City, State and Zip Code

Mooreindependenttherapy@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bethany Moore at (803) 397-1842  
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:**  
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



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

October 17, 2014

BETHANY MOORE  
108 PULLMAN STREET  
MONTROSE, CO 81401

SUBJECT: MOORE INDEPENDENT THERAPY, INC  
Ref. Number: W14000063250

We have received your document for MOORE INDEPENDENT THERAPY, INC 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 Certificate of Conversion must be signed by an authorized person.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00022262

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

FILED  
14 NOV 14 AM 9:51

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:

L74-43973

Moore Independent Therapy, LLC  
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 March, 17 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:

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

Moore Independent 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 9th day of October, 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: Bethany Moore

Printed Name: Bethany Moore Title: Owner/Manager

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

Signature: Bethany Moore  
Printed Name: Bethany Moore Title: Owner/Manager

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 Independent Therapy, Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address  
5705 Suwannee Park Ct  
Jacksonville, FL 32244

\* Mailing address, if different is:  
108 Pullman St.  
Montrose, CO 81401

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Travel Physical Therapy Company.

### ARTICLE IV SHARES

The number of shares of stock is: One

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bethany Moore Name and Title: \_\_\_\_\_

Address: Director  
5705 Suwannee Park Ct. Address: \_\_\_\_\_  
Jacksonville, FL 32244

Name and Title: Nathaniel E. Moore Name and Title: \_\_\_\_\_

Address: 5705 Suwannee Park Ct. Address: \_\_\_\_\_  
Jacksonville, FL 32244

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: Bethany Moore  
Address: 5705 Suwannee Park Ct.  
Jacksonville, FL 32244

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bethany Moore  
Address: 5705 Suwanee Park Ct.  
Jacksonville, FL 32244

\* Please mail to  
Bethany Moore  
108 Pullman St.  
Montrose, CO 81401

\*\*\*\*\*

*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*

Bethany Moore  
Required Signature/Registered Agent

9/10/14  
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.*

Bethany Moore  
Required Signature/Incorporator

9/10/14  
Date

## *Certificate of Status*

I certify from the records of this office that MOORE INDEPENDENT THERAPY, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on March 17, 2014.

The document number of this company is L14000043973.

I further certify that said company has paid all fees due this office through December 31, 2014, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 140317142845-800257884338#1

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Seventeenth day of March, 2014



*Ken Detzner*  
Ken Detzner  
Secretary of State