

P14000094527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

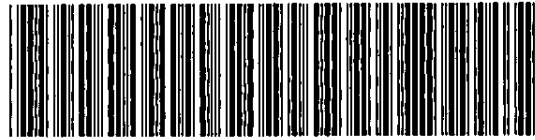
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

File Only



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11/20/14--01001--006 **113.75

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DEPARTMENT OF STATE
14 NOV 19 PM 3:07

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14 NOV 19 PM 4:26
3000 BOULEVARD
TALLAHASSEE, FLORIDA

11/21/14

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:

PREMIER MENTAL HEALTH ASSOCIATES OF FLORIDA, PLLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Professional 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 06/19/2013

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:

PAULA-ANN M. FRANCIS, M.D., P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: January 01, 2015
(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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CLERK OF THE COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Signed this 11th day of November, 20 14

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an incorporator: Francis

• Printed Name: PAULA-ANN M. FRANCIS Title: MANAGING MEMBER

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

Signature: Francis

Printed Name: PAULA-ANN M. FRANCIS 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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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

PAULA-ANN M. FRANCIS, M.D., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

Paula-Ann M. Francis, M.D., P.A.

EFFECTIVE DATE

The effective date of this corporation shall be:

January 1, 2015

ARTICLE II PRINCIPAL OFFICE

The principal place of business physical address of this corporation shall be:

2501 E. Commercial Blvd., Suite 211
Ft. Lauderdale, FL 33308

The principal place of business mailing address of this corporation shall be:

P.O. Box 266233
Weston, FL 33326

ARTICLE III PURPOSE

The purpose of this corporation shall be:

This corporation is organized for the purpose of providing mental health services.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding is:

100 shares at \$1.00 par value

14 NOV 19 PM 4:26
STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Paula-Ann M. Francis
2501 E. COMMERCIAL BLVD
SUITE 211
FT. LAUDERDALE, FL 33308

ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

Paula-Ann M. Francis
P.O. Box 266233
Weston, FL 33326

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

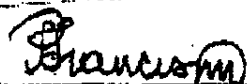
Paula-Ann M. Francis
P.O. Box 266233
Weston, FL 33326

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Paula-Ann M. Francis
P.O. Box 266233
Weston, FL 33326

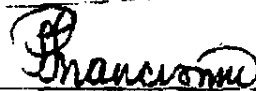
The undersigned has (have) executed these Articles of Incorporation this 11th day of November, 2014.


Incorporator Signature

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



REGISTERED AGENT SIGNATURE

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2014

LAZARUS CORPORATE FILING SERVICE

SUBJECT: PAULA-ANN M. FRANCIS, M.D., P.A.
Ref. Number: W14000069943

We have received your document for PAULA-ANN M. FRANCIS, M.D., P.A. 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 registered agent must have a Florida street address. A post office box is not acceptable.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 714A00024652

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LAZARUS
FLORIDA