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| (City/State/Zip/Phone #)                 |
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| PICK-UP WAIT MAIL                        |
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| (Business Entity Name)                   |
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| (Document Number)                        |
| (Document Number)                        |
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| Certified Copies Certificates of Status  |
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| Special Instructions to Filing Officer:  |
| Special instructions to Filling Offices. |
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141

#### **COVER LETTER**

TO: Charter Section

**Division of Corporations** 

### SUBJECT: IPS Injury Prevention Specialists

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:

| \A/===== D==           | .1_  |  |  |
|------------------------|--|--|--|
| Wayne Bed              | K  |  |  |
|                        | Contact Person                                 |  |  |
| IPS Injury Pr          | evention Spe                                   | cialists                                 |  |
|                        | Firm/Company                                   |  |  |
| 9446 Philip            | s Hwy; Ste 3                                   | 3  |  |
|                        | Address  |  |  |
| Jacksonville           | e, FL 32256                                    |  |  |
| C                      | ity, State and Zip Code                        | · ·                                      |  |
| wayne.ips@             | gmail.com                                      |  |  |
| E-mail address: (to    | be used for future annual r                    | eport notification)                      |  |
| For further informati  | on concerning this ma                          | tter, please call:                       |  |
| Wayne Bed              | :k   | _ <sub>at (</sub> 904 <sub>)</sub> 47    | 6-1226   |
| Name of Con            | tact Person                                    | Area Code and Dayt                       | ime Telephone Number   |
| Enclosed is a check f  | or the following amou                          | nt:                                      |  |
| □ \$105.00 Filing Fees | \$113.75 Filing Fees and Certificate of Status | ☐\$113.75 Filing Fees and Certified Copy | ■\$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
| OTDEET ADDRES          | α.   | MAILING                                  | A DDDECC.  |

#### **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



January 14, 2015

WAYNE BECK

9446 PHILIPS HWY: STE 3 JACKSONVILLE, FL 32256

SUBJECT: IPS INJURY PREVENTION SPECIALISTS LLC

Ref. Number: W15000002849

We have received your document for IPS INJURY PREVENTION SPECIALISTS LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

You must file your 2015 Annual Report in order for us to file the Conversion.

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.

Letter Number: 915A00000836

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org



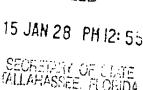
#### **Certificate of Conversion**

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.

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: IPS INJURY PREVENTION SPECIALISTS 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 8/29/2011 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:** IPS Injury Prevention Specialists 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 28   | _day of <u>July</u>                            |                                  | , 20 <u>14</u>         | <u> </u>    | מא ומי ב            |
|--|--|----------------------------------|------------------------|-------------|---------------------|
|  | for Florida Profit C                           |                                  |                        |             |                     |
| Signature of Chairma<br>been selected, an Inco<br>Printed Name: <u>Wayne</u>                       | n, Vice Chairman, Di<br>orporator: W M<br>Beck | rector, Officer,  Title: Preside | or, if Directors or    | Officers    | OF SHIE<br>have not |
| signature(s).]   | s) on behalf of Other                          |                                  | : [See below for r     | equired     |                     |
| Signature: Marlana Printed Name: Marlana   | Beck   | Title:                           | Chief Executive Office | cer         |                     |
| Signature:Printed Name:  |  |                                  |                        |             |                     |
| Signature:Printed Name:  |  |                                  |                        |             |                     |
| Signature:   |  |                                  |                        | <del></del> | <del></del>         |
|  |  |                                  |                        |             |                     |
| Printed Name:  |  | Title:                           |                        |             |                     |
| Signature:<br>Printed Name:  |  | Title:                           |                        |             |                     |
| If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. |  |                                  |                        |             |                     |
| If Florida Limited Pa<br>Signatures of ALL Go  | artnership or Limited<br>eneral Partners.      | Liability Limi                   | ted Partnership:       |             |                     |
| If Florida Limited Li<br>Signature of a Membe  | iability Company:<br>or or Authorized Repres   | sentative.                       |                        |             |                     |
| All others:<br>Signature of an author  | rized person.                                  |                                  |                        |             |                     |
| Fees:  Certificate of Fees for Flori Certified Cop Certificate of                                  | da Articles of Incorpo<br>y:                   | \$8.75                           |                        |             |                     |



## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit 28 PM 12: 55

| ARTICLE I The name of the | NAME<br>he corporation shall be: IPS Injury F   | Preventio              | n Specialists Inc                         |
|---------------------------|---|------------------------|---|
| ARTICLE II                | PRINCIPAL OFFICE place of business/mailing address is:  |                        | William Co. California Co. Co. California |
|                           | Principal street address  |                        | Mailing address, if different is:         |
| 9446 P                    | Philips Hwy; Ste 3 2122 Thorn Hollow Court  |                        | Thorn Hollow Court                        |
| Jackso                    | nville, FL 32256  | St Augustine, FL 32092 |   |
| The purpose f             | or which the corporation is organized is: ofit corporation conduction services  | ting empl              | oyer-based injury                         |
| ARTICLE V                 | f shares of stock is:   |                        | Marlana Beck, CEO                         |
| Address:                  | 2122 Thorn Hollow Ct  | Address:               | 2122 Thorn Hollow Court                   |
|                           | St Augustine, FL 32092  |                        | St Augustine, FL 32092                    |
| Name and Tit              | le:   | Name and Title         | :   |
| Address:                  |   | Address:               |   |
| Name and Tit              | ile:  | Name and Title         |   |
| Name: Address:            | REGISTERED AGENT Di Florida street address (P.O. Box NOT acce Wayne Beck 2122 Thorn Hollow Court St Augustine, FL 32092 | eptable) of the regis  | stered agent is:                          |

"都是"

Date

| ARTICL. The name | E VII INCORPORATOR and address of the Incorporator is:   | 15 JAN 28 PH I2: 5๖                       |
|------------------|--|---|
| Name:            | Wayne Beck   |   |
| Address:         | 2122 Thorn Hollow Court  | SECRETARY OF SETTE<br>TALLAHASSEE FLORIDA |
|                  | St Augustine, FL 32092   |   |
|                  | een named as registered agent to accept service of process in this certificate, I am familiar with and accept the apportunity of the apportunity o |   |
|                  | this document and affirm that the facts stated herein a<br>in a document to the Department of State constitutes a thin   |   |
| 1./              | ans Secl   | 7/28/2014                                 |