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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

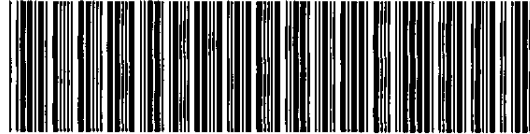
(Business Entity Name)

(Document Number)

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

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**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Complex Orthopaedic Evaluations, 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:

George K. Brew, Esquire

Contact Person

Law Office of George Brew

Firm/Company

6817 Southpoint Parkway, Suite 1804

Address

Jacksonville, Florida 32216

City, State and Zip Code

georg.brew@brewlawfirm.com

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

For further information concerning this matter, please call:

George K. Brew at ( 904 ) 354-4741

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

FILED  
15 DEC 23 PM 2:44  
TALLAHASSEE, FLORIDA

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

FILED  
15 DEC 23 PM 2:44

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:

Complex Orthopaedic Evaluations, LLC

Enter Name of Other Business Entity L15000181715

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 October 26, 2015

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:**

Complex Orthopaedic Evaluations, 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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 16 day of December, 2015.

**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: Patricia D. Blecha Title: Manager

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

Signature:  \*

Printed Name: Patricia D. Blecha Title: 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)

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15 DEC 23 PM 2:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### **ARTICLE I - NAME**

The name of the corporation shall be:      Complex Orthopaedic Evaluations, Inc.

### **ARTICLE II - PRINCIPAL OFFICE**

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

6817 Southpoint Parkway, Suite 1704  
Jacksonville, Florida 32216

### **ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares Par value \$1.00 each

### **ARTICLE IV - INITIAL REGISTERED AGENT & STREET ADDRESS:**

The name and address of the initial registered agent is:

George K. Brew, Esquire  
6817 Southpoint Parkway, Suite 1804  
Jacksonville, Florida 32216

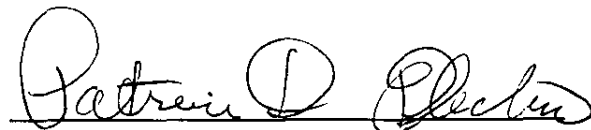
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15 DEC 23 PM 2:44  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE V - INCORPORATORS**

The name and street address of the incorporator to these Articles of Incorporation is:

Patricia D. Blecha  
6817 Southpoint Parkway, Suite 1704  
Jacksonville, Florida 32216

The undersigned Incorporator has executed these Articles of Incorporation this 10 day of December, 2015.

A handwritten signature in cursive script, appearing to read "Patricia D. Blecha", written over a horizontal line.

Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.501, FLORIDA STATUTES THAT,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE  
OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Complex Orthopaedic Evaluations, Inc.
2. The name and address of the registered agent and office is:

George K. Brew, Esquire  
6817 Southpoint Parkway, Suite 1804  
Jacksonville, Florida 32216

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent 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.

  
\_\_\_\_\_  
GEORGE K. BREW

12-8-15  
\_\_\_\_\_  
DATE

FILED  
15 DEC 23 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA