

PI6000021885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

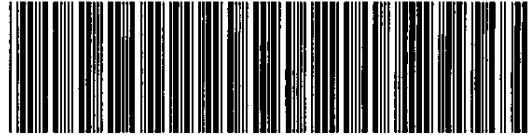
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Certificates of Status ☒

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2016 MAR -2 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 10 2016

T. PROCTOR

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** East Lake Medical Clinic, P.A.

\_\_\_\_\_  
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:

Kate Ly

\_\_\_\_\_  
Contact Person

East Lake Medical Clinic

\_\_\_\_\_  
Firm/Company

4737 Old Canoe Creek Road

\_\_\_\_\_  
Address

Sain Cloud, FL 34769

\_\_\_\_\_  
City, State and Zip Code

EASTLAKEMED@GMAIL.COM

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

For further information concerning this matter, please call:

Kate Ly

at (\_\_\_\_\_) 407-705-3222

\_\_\_\_\_  
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

February 18, 2016

KATE LYN  
4737 OLD CANOE CREEK ROAD  
ST CLOUD, FL 34769

SUBJECT: EAST LAKE MEDICAL CLINIC, P.A  
Ref. Number: W16000012312

We have received your document for EAST LAKE MEDICAL CLINIC, 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 specific business purpose of the professional association must be stated in the document.

Please return 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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 416A00003428

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

FILED  
2016 MAR -2 AM 10:32  
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:

East Lake Medical Clinic, PLLC

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 7/1/2013  
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:

FLorida

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

East Lake Medical Clinic, P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 2/1/2016  
(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 1st day of February, 2016.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Kate N. Ly

Printed Name: Kate Ly Title: Office Manager

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

Signature: Dustin N. Ly

Printed Name: Dustin N. Ly Title: Owner

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: East Lake Medical Clinic, P.A

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

4737 Old Canoe Creek Road

Saint Cloud, FL 34769

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Seeking to serve and protect both the business and the serving community.

A Medical Doctor office.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dustin N. Ly, Director

Name and Title: Kate Ly, CPA. office manager

Address: 4737 Old Canoe Creek Rd

Address: 4737 Old Canoe Creek Rd

Saint Cloud, FL 34769

Saint Cloud, FL 34769

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: Kate Ly  
Address: 4737 old canoe creek rd  
saint cloud FL 34769

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kate Ly  
Address: 4737 Old Canoe creek rd  
saint cloud, FL 34769

\*\*\*\*\*

*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*

Kate N. Ly  
Required Signature/Registered Agent

2/1/2016  
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.*

[Signature]  
Required Signature/Incorporator

2/1/2016  
Date