

P16000023231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAR 14 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. Gulligan MAR 14 2016

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Shepherd Spring Animal Hospital, 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:

Norman Griggs

Contact Person

Firm/Company

4851 Coastal Highway

Address

Crawfordville, Florida 32327

City, State and Zip Code

normgriggs@gmail.com

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

For further information concerning this matter, please call:

Norman Griggs at (850) 926-1475

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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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 9, 2016

NORMAN GRIGGS
4851 COASTAL HIGHWAY
CRAWFORDVILLE, FL 32327

SUBJECT: SHEPHERD SPRING ANIMAL HOSPITAL, INC
Ref. Number: W16000009949

We have received your document for SHEPHERD SPRING ANIMAL HOSPITAL, 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):

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.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 816A00002797

W16000009949

L 14000194379

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

16 MAR 14 AM 10:27

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:

Shepherd Spring Animal Hospital, 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 December 30, 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**:

Shepherd Spring Animal Hospital, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: January 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 25 day of January, 20 16.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Norman Griggs

Printed Name: Norman Griggs Title: Director

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

Signature: Norman Griggs

Printed Name: Norman Griggs Title: Director

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: Shepherd Spring Animal Hospital, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
4851 Coastal Highway
Crawfordville, Florida 32327

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

veterinary hospital for the care of animals.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Norman G. Griggs
Address: 4851 Coastal Highway
Crawfordville, Florida 32327

Name and Title: Melody Hoover Griggs
Address: 4851 Coastal Highway
Crawfordville, Florida 32327

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Norman G. Griggs
Address: 4851 Coastal Highway
Crawfordville, Florida 32327

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Norman G. Griggs
Address: 4851 Coastal Highway
Crawfordville, Florida 32327

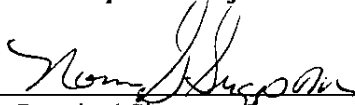
16 MAR 14 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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


Required Signature Registered Agent

1-26-16
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.


Required Signature Incorporator
Norman G. Griggs, DMC

1-26-16
Date