P.16000019515

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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16 APR -1 PM 3: 23

MAR 3 / 2016 S. GILBERT

COVER LETTER

Division of Cor		i i		
SUBJECT: Dav	id Allan Seigel P.A.			
36 B013 C 11	Name of	Resulting Floric	la Profit	Corporation
	e of Conversion, Articles Profit Corporation" in ac			tes are submitted to convert an "Other Business 15, F.S.
Please return all corresp	ondence concerning this	matter to:		
David Allan Seigel				
	Contact Person		_	•
David Allan Seigel LLC	To David Allan Seigel P	.A.		
	Firm/Company		_	
2 north prospect dr		,		
	Address			
coral gables Fl 33133				
	City, State and Zip Code			
dlaseigel@gmail.com				
E-mail address: (t	o be used for future annu	ial report notific	cation)	
For further information	concerning this matter,	please call:		
David Allan Seigel		786 at (286-1	922
Name of Co	ontact 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 Fili and Certified (□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation			New F	ING ADDRESS: ilings Section on of Corporations

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2016

DAVID ALLAN SEIGEL 2 NORTH PROSPECT DRIVE CORAL GABLES, FL 33133

SUBJECT: DAVID ALLAN SEIGEL P.A.

Ref. Number: W16000020249

We have received your document for DAVID ALLAN SEIGEL P.A. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The specific business purpose of the professional association must be stated in the document.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 816A00005584

16 APR -1 M IO 10 SECRETARY OF STATE

RECEIVED

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

16 APR - 1 PM 3: 23
convert the following "Other

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conve	rsion is:
David Allan Seigel LLC	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a	
(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)	
2/24/2016 David Allan Seigel LLC on	
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 organized, formed or incorporated:	f which it is now
Florida 2/24/2016	
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>	
David Allan Seigel P.A.	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date: 2/24/2016	
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is fi	
Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles if an effective date is listed therein.)	of Incorporation
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d	late will not be
listed as the document's effective date on the Department of State's records.	

Page 1 of 2

Signed th	is Mon day of 3/7	, 20	
Required	l Signature for Florida Profit Corporation:	, t	
Signature Incorpora Printed N	of Chairman, Nige Chairman, Director, Offic tor: ame: Druge A. Sange CTitle: 1003	er, or. if Directors or Officers have not bee	n selected, an
Required	Signature(s) on behalf of Other Business F	Extity: [See below for required signature(s).]
Signature	Joseph a Sah	· · ·	
Printed N	David Allan Seigel ame:	Title:	
Signature			
Printed N	ame:	Title:	
Signature	:		
Printed N	ame:	Title:	
Signature	:		
Printed N	ame:	Title:	
Signature	:		
Printed N	ame:	Title:	
Signature	:		
Printed N	ame:	Title:	
	a General Partnership or Limited Liability of one General Partner.		
	a Limited Partnership or Limited Liability es of ALL General Partners.	<u>Limited Partnership:</u>	
	a Limited Liability Company: of a Member or Authorized Representative.		
All other Signature	s: of an authorized person.		
F	Certificate of Conversion: Tees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF INCORPORATION ... In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME David Allan Seigel P.A	in the Little of
The name of the corporation shall be:	16 APR - 1 PM 3: 23
ARTICLE II PRINCIPAL OFFICE	, in 3: 23
The principal place of business/mailing address is:	ALL ASSEM PLONIES
Principal street address	Mailing address, if different is:
2 North Prospect Dr Coral Gables Fl, 33133	Po Box 565542 Miami Fl 33256
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
e de la companya de l	
1	
The alite Poor	1 o state accust
LICENIT KEY!	ESTAGE AGENT
0 0	
Professie	Nal ASSOCIATION
ARTICLE IV SHARES	Nal Association
ARTICLE IV SHARES	Nal Association
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: 2 north prospect dr coral gables El 33133	ECTORS Name and Title:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: 2 north prospect dr coral gables El 33133	ECTORS
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: 2 north prospect dr coral gables El 33133	PECTORS Name and Title: Address:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: David Allan Seigel president 2 north prospect dr coral gables Fl 33133	PECTORS Name and Title: Address:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: 2 north prospect dr coral gables Fl 33133 Name and Title:	Name and Title: Name and Title:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: David Allan Seigel president 2 north prospect dr coral gables Fl 33133 Name and Title:	Name and Title: Address: Name and Title: Address:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: David Allan Seigel president 2 north prospect dr coral gables F1 33133 Name and Title: Address: Address:	Name and Title: Address: Name and Title: Address:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: David Allan Seigel president 2 north prospect dr coral gables Fl 33133 Name and Title: Address: Address:	Name and Title: Address: Name and Title: Address:

	e and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:	
Name:	David Allan Seigel		
Address:			
	2 north prospect dr coral gables fl 33133		
ARTICL			
The <u>name</u>	and address of the Incorporator is:		
Name:	David Allan Seigel		
Address:	2 north prospect dr coral gables fl 33133		
*****	********	*********	
		vice of process for the above stated corporation at the place do pintment as registered agent and agree to act in this capacity	esignated in
2	Danh	3/7/2016	
	Required Signature/Registered Agent	Date	
		ed herein are true. I am aware that any false information su rd degree felony as provided for in s.817.155, F.S.	bmitted in a
4	John Shel	3/7/2016	
	Required Signature/Incorporator	Date	