

P1600000 57620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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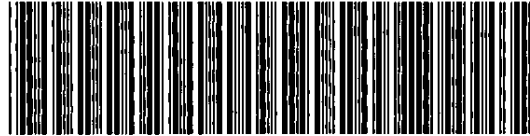
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUN 15 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2016

BERNADETTE LAMY
TOTAL BEHAVIORIAL HEALTH
4712 NW 50TH COURT
TAMARAC, FL 33319

SUBJECT: TOTAL BEHAVIORIAL HEALTH, INC.
Ref. Number: W16000044991

2016 JUN 15 PM 4:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for TOTAL BEHAVIORIAL HEALTH, INC. and your check(s) totaling \$122.50. 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 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.

Nadira D McClees-Sams
Regulatory Specialist II
New Filing Section

Letter Number: 716A00013291

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TOTAL
ALLAH

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

TOTAL BEHAVIORAL HEALTH

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(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 11/16/2015
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**:

TOTAL BEHAVIORAL HEALTH, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 6/1/2016
(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.

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TALLAHASSEE, FLORIDA

Signed this 1st day of JUNE, 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: [Signature]

Printed Name: BERNADETTE LAMY Title: OFFICER

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

Signature: [Signature]

Printed Name: BERNADETTE LAMY Title: OFFICER / AUTHORIZED PERSONNEL

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: TOTAL BEHAVIORAL HEALTH, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

4712 NW 50TH COURT
TAMARAC, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE THE FOLLOWING SERVICES:

MEDICAID WAIVER

MENTAL HEALTH

BEHAVIORAL HEALTH

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BERNADETTE LAMY, OFFICER

Name and Title: _____

Address: 4712 NW 50TH COURT
TAMARAC, FL 33319

Address: _____

Name and Title: KENNETH IBLE, DIRECTOR

Name and Title: _____

Address: 3016 NW 30TH AVE
CAKLAND PARK, FL 33311

Address: _____

Name and Title: CEABERT GRIFFITH, JR, PHD, DIRECTOR

Name and Title: _____

Address: 4712 NW 50TH COURT
TAMARAC, FL 33319

Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: BERNADETTE LAMY

Address: 4712 NW 50TH COURT
TAMARAC, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BERNADETTE LAMY

Address: 4712 NW 50TH COURT
TAMARAC, FL 33319

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

6/1/2016

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.



Required Signature/Incorporator

6/1/2016

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA