

P16000079341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W16000050292

SEP 28 2015

T. SCOTT



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09/08/16--01032--025 **75.00

07/11/16--01041--029 **30.00

16 SEP 26 AM 10:20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2016

BASIL DALLAS
18301 NW 2ND COURT
MIAMI GARDENS, FL 33169

SUBJECT: FAITH MEDICAL INSTITUTE, LLC
Ref. Number: W16000050292

We have received your document for FAITH MEDICAL INSTITUTE, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 816A00019498

RECEIVED
16 SEP 26 PM 5:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: FAITH MEDICAL INSTITUTE, CORP
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:

BASIL DALLAS
Contact Person

FAITH MEDICAL INSTITUTE, CORP
Firm/Company

18301 NW 2nd Court
Address

Miami Gardens, FL 33169
City, State and Zip Code

bldallas@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BASIL DALLAS at (305) 655-0013
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 Status and Certified Copy 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

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:

FAITH MEDICAL INSTITUTE, LLC - L07000070101

Enter Name of Other Business Entity

2. The "Other Business Entity" is a FAITH MEDICAL INSTITUTE, CORP

(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 07/05/2007

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:

N/A

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

FAITH MEDICAL INSTITUTE, CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 08/05/2016

(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.

10 SEP 26 AM 10:20

Signed this 29 day of JULY, 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: [Signature] **BASIL DALLAS**
Printed Name: BASIL DALLAS Title: Chairman

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

Signature: [Signature] **BASIL DALLAS**
Printed Name: N/A Title: N/A

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: FAITH MEDICAL INSTITUTE, CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
FAITH MEDICAL INSTITUTE, CORP
18301 NW 2nd Court
Miami Gardens, FL 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF TRANSACTING ANY OR
ALL LAWFUL BUSINESS FOR CORPORATIONS ORGANIZED UNDER THE FLORIDA
BUSINESS CORPORATION ACT OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BASIL DALLAS, Chairman
Address: 18301 NW 2nd Court
Miami Gardens, FL 33169

Name and Title: MARGARET DALLAS Co-Chair
Address: 1475 NW 192nd Terrace
Miami Gardens, FL 33169

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

16 SEP 25 AM 10:20

ARTICLE VI REGISTERED AGENT

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

Name: BASIL DALLAS

Address: 18301 NW 2ND COURT

Miami Gardens, FL 33169

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: BASIL DALLAS

Address: 18301 NW 2ND COURT

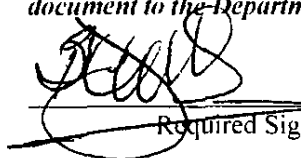
Miami Gardens, FL 33169

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

 BASIL DALLAS
Required Signature/Registered Agent

07/29/2016
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.

 BASIL DALLAS
Required Signature/Incorporator

07/29/2016
Date