

PIL000093759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

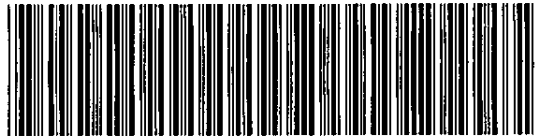
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400292291314

11/22/16--01014--020 **122.50

16 NOV 29 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/28/16

COVER LETTER

TO: Charter Section
Division of Corporations

* SUBJECT: GOTZZS 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:

Thor VanDiver
Contact Person

Firm/Company

200 2nd Ave S. #405
Address

St Petersburg FL 33701
City, State and Zip Code

t.vandiver1@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thor VanDiver at (239) 287-5070
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

November 28, 2016

THOR VANDIVER
200 2ND AVE S #405
ST PETERSBURG, FL 33701

SUBJECT: GOTZZS P.A.
Ref. Number: W16000079240

We have received your document for GOTZZS P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 416A00025247

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

NOV 29 PM 12:57

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:

GOTZZS 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 November 2, 2016
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**:

GOTZZS P.A.

Enter Name of Florida Profit Corporation

? ★

5. If not effective on the date of filing, enter the effective date: October 21, 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 21 day of November, 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]

Printed Name: Ther W. Van D. Ver Title: Chairman

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

Signature: [Signature]

Printed Name: Ther W. Van D. Ver Title: Manager

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: GOTZZS P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
175 2nd ST SOUTH
Unit 1002
St. Petersburg, FL 33701

Mailing address, if different is:
200 2nd AVE S
#405
St. Petersburg, FL 33701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Services

18 NOV 29 PM 2:57
RECORDS SECTION
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thos W. Van Diver, CHAIRMAN Name and Title: _____

Address: 200 2nd Ave S, #405 Address: _____
St. Petersburg, FL 33701

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: Robert Recklein
Address: 11980 Tamiami Trail North S-138
Naples, Florida, 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thor W. Van Diver
Address: 200 2nd Ave S. #405
St. Petersburg, FL 33701

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

★ Robert L. Recklein
Required Signature/Registered Agent

11/21/16
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.

Thor W. Van Diver
Required Signature/Incorporator

11/21/16
Date

16 NOV 29 PM 12:57
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA