

P16000099175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

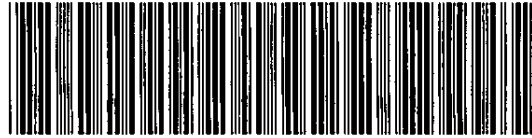
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke w/ Adina Leger -  
wants to convert.

Adina gave permission to  
10116-73915 correct document. 12/16/16

Office Use Only



300291357013

12/13/16--01002--020 \*\*8.75

10/31/16--01012--028 \*\*70.00

12/13/16--01002--019 \*\*35.00

FILED  
2016 DEC 16 PM 4:55  
U.S. DISTRICT COURT  
NORTH DAKOTA  
GRAND FORK

12/16/16  
Jm

2016  
00505  
12/17

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** ADINA M LOGAN MD PA  
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:

ADINA LOGAN

Contact Person

ADINA M LOGAN MD PA

Firm/Company

2739 Cinnamon Bay Circle

Address

Naples, FL, 34119

City, State and Zip Code

adinamlogan@gmail.com

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

For further information concerning this matter, please call:

ADINA LOGAN at ( 214 ) 317-5848

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

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

2016 DEC 16 PM 4:55  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
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:

ADINA M LOGAN MD PA

Enter Name of Other Business Entity

2. The "Other Business Entity" is a S 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 TX  
(Enter state, or if a non-U.S. entity, the name of the country)

on 7/20/1998  
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:

Florida

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

ADINA M LOGAN MD PA

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 11/8/2016  
(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 10 day of November, 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: Adina Logan MD  
Printed Name: ADINA LOGAN Title: President

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

Signature: See below

Printed Name: Adina Logan Title: President

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.

Adina Logan MD

**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)

2016 DEC 16 PM 4:55  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

**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: ADINA M LOGAN MD PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

2739 Cinnamon Bay Circle

Naples, FL 34119

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

practice of medicine

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ADINA LOGAN Name and Title: President

Address: 2739 Cinnamon Bay Circle Address: \_\_\_\_\_

Naples FL 34119

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: ADINA LOGAN

Address: 2739 Cinnamon Bay Circle  
Naples FL 34119

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ADINA LOGAN

Address: 2739 Cinnamon Bay Circle  
Naples FL 34119

\*\*\*\*\*

*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*

*Adina Logan*  
Required Signature/Registered Agent

11/10/2016  
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.*

*Adina Logan*  
Required Signature/Incorporator

11/10/2016  
Date

FILED  
2016 DEC 16 PM 4:55  
CLERK OF THE COURT  
HALL OF RECORDS  
TALLAHASSEE, FLORIDA