

P17000017745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

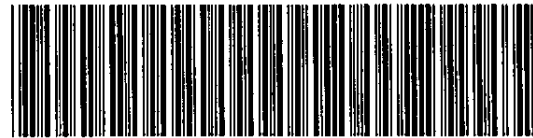
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/23/17--01010--001 **113.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-016281

2 02/28/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2017

AMY SMITH
145 LAKESIDE DR. EAST
PORT ORANGE, FL 32128

SUBJECT: DR. AURORA PEREZ, O.D.P.A.
Ref. Number: W17000016281

We have received your document for DR. AURORA PEREZ, O.D.P.A. and your check(s) totaling \$113.75. 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.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 917A00003632

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: DR. AURORA PEREZ, O.D.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:

Amy L. Smith

Contact Person

Kohler Financial Services, Inc.

386-304-0075

Firm/Company

145 Lakeside Drive East

Address

Port Orange, FL 32128

City, State and Zip Code

aupe9@hotmail.com

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

For further information concerning this matter, please call:

DR. AURORA PEREZ

at (904) 707-3034

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|-----------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$105.00 Filing Fees | <input checked="" type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

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:

DR. AURORA PEREZ, LLC

(L13-152355) ✓

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 11/01/2013 ✓

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:**

DR. AURORA PEREZ, O.D.P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 02/16/2017

(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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Signed this 16th day of FEBRUARY, 20 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Amy L. Smith, President **Kohler Financial Services, Inc.**

Printed Name: Amy L. Smith Title: Incorporator

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

Signature: [Signature]

Printed Name: DR. AURORA PEREZ Title: MGR

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)

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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: DR. AURORA PEREZ, O.D.P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
5100 E HWY 100

Palm Coast, FL 32164-2365

Mailing address, if different is:
8 Burning Bush Place

Palm Coast, FL 32137-8811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Practice the Profession of Optometry, To provide Eye Care and Visual Services to Patients through Eye Health
and Vision Examinations.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. AURORA PEREZ, President

Address: 8 Burning Bush Place

Palm Coast, FL 32137-8811

Name and Title: DR. AURORA PEREZ, Vice President

Address: 8 Burning Bush Place

Palm Coast, FL 32137-8811

Name and Title: DR. AURORA PEREZ, Secretary

Address: 8 Burning Bush Place

Palm Coast, FL 32137-8811

Name and Title: DR. AURORA PEREZ, Treasurer

Address: 8 Burning Bush Place

Palm Coast, FL 32137-8811

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

Name: DR. AURORA PEREZ

Address: 8 BURNING BUSH PLACE
PALM COAST, FL 32137-8811

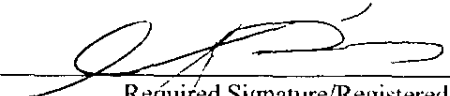
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amy L. Smith **Kohler Financial Services, Inc.**

Address: 145 Lakeside Dr. E
Port Orange, FL 32127

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

2/16/17

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

Kohler Financial Services, Inc.

2/16/17

Date

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TALLAHASSEE, FLORIDA