

P17000028017

(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



900296678719

12/09/16--01004--027 **122.50

17 MAR 28 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

17 MAR 28 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2017

DANE E CLARKE
5194 6TH ST N
ST PETERSBURG, FL 33703

SUBJECT: DCII MEDICAL ASSOCIATES CORP
Ref. Number: W16000082973

We have received your document for DCII MEDICAL ASSOCIATES CORP 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 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

Letter Number: 417A00000454

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: DCII MEDICAL ASSOCIATES 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:

DANE E CLARKE
Contact Person

DCII MEDICAL ASSOCIATES LLC
Firm/Company

5194 6TH ST N
Address

ST PETERSBURG, FL 33703
City, State and Zip Code

daneclarke833@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Floyd D Townsend at (973) 648 8088
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

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:

DCII MEDICAL ASSOCIATES LLC

- 21600049076

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 AUGUST 10, 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:

FLORIDA, USA

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

DCII MEDICAL ASSOCIATES CORP.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: NOVEMBER 04, 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.

APPROVED
AND
FILED
17 MAR 28 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 14 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: Dane E Clarke

Printed Name: DANE E CLARKE Title: CHAIRMAN

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

Signature: Dane E Clarke

Printed Name: Dane E Clarke Title: Chairman

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: DCII MEDICAL ASSOCIATES CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address <u>5194 6TH ST N</u> <u>ST PETERSBURG, FL 33703</u>	Mailing address, if different is: _____ _____
--	---

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE MEDICAL SERVICES TO THE CITIZENS OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>DANE E CLARKE, CHAIRMAN</u>	Name and Title: _____
Address: <u>5194 6TH ST N</u> <u>ST PETERSBURG, FL 33703</u>	Address: _____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

SECRETARY OF STATE
1120 W. SHERIDAN BLVD
TALLAHASSEE, FLORIDA 32304

17 MAR 28 AM 9:01

APPROVED
AND
FILED

ARTICLE VI REGISTERED AGENT

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

Name: DANE E CLARKE
Address: 5194 6TH ST N
ST PETERSBURG, FL 33703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: FLOYD TOWNSEND
Address: 211 WARREN ST. SUITE 205
NEWARK, NJ 07103

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

11/14/16
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.


Required Signature/Incorporator

11/22/16
Date