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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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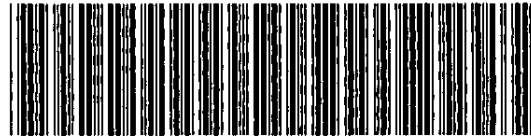
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/17--01061--007 **105.00

FILED
17 MAY -4 AM 10:00
SECRETARY OF STATE
MILWAUKEE, WISCONSIN

T. BURCH
MAY 5 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Physicians First Practive Solutions Inc.
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:

Vicki Middlekauff
Contact Person

Vicki Middlekauff CMA, PA
Firm/Company

786 Blanding Blvd., Ste. 120
Address

Orange Park, FL 32065
City, State and Zip Code

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

For further information concerning this matter, please call:

Vicki Middlekauff at (904) 644-7775
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:

Physicians First Practice Solutions 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 9/29/2014

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:**

Physicians First Practice Solutions Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 4/15/2017

(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.

FILED
17 MAY -4 AM 10:08
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

Signed this 10 day of April, 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: Julie Davis

Printed Name: Julie Davis Title: CEO

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

Signature: Julie Davis

Printed Name: Julie Davis Title: CEO

Signature: Russell Benes Jr.

Printed Name: Russell Benes Jr. Title: Manager

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: Physicians First Practice Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
5000-18 US Hwy 17 S #53

Fleming Island, FL 32003

Mailing address, if different is:

1405 MANATEE COVE DR
Fleming Island, FL 32003

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie Davis, CEO

Address: 5000-18 US Hwy 17 S #53
Fleming Island, FL 32003

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: Russell Benes Jr., Manager

Address: 5000-18 US Hwy 17 S #53
Fleming Island, FL 32003

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Julie Davis
Address: 5000-18 US Hwy 17 S. #53
Fleming Island, FL 32003

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Julie Davis
Address: 5000-18 US Hwy 17 S #53
Fleming Island, FL 32003

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17 MAY -4 AM 10:00
CLERK OF THE COURT
JULIE DAVIS, INCORPORATOR

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

Julie Davis
Required Signature/Registered Agent

4/10/17
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.

Julie Davis
Required Signature/Incorporator

4/10/17
Date