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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

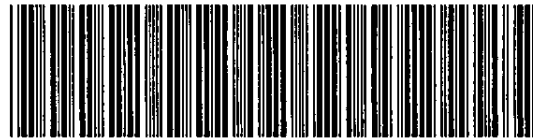
(Business Entity Name)

(Document Number)

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

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RECORDS & COMM. DIV.  
TALLAHASSEE, FLORIDA

T. BURCH

JUN 21 2017

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Dr. Pamela J. Bingham, 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:

Dr. Pamela J. Bingham  
Contact Person

Dr. Pamela J. Bingham, P.A.  
Firm/Company

9363 SW 71<sup>st</sup> Loop  
Address

Ocala FL 34481  
City, State and Zip Code

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

For further information concerning this matter, please call:

Dr. Pamela J. Bingham at ( 425 ) 941 0519  
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,  
and Certificate of Status and Certified Copy 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. Pamela J. Bingham, Inc., P.S.

Enter Name of Other Business Entity

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

on 09/18/2000  
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. Pamela J. Bingham, P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 6/14/17  
(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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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Signed this 14<sup>th</sup> day of June, 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: Dr. Pamela J. Bingham

Printed Name: Dr. Pamela J. Bingham Title: president

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

Signature: Dr. Pamela J. Bingham

Printed Name: Dr. Pamela J. Bingham 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.

**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: Dr. Pamela J. Bingham, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

4001 SW 30<sup>th</sup> Pl

Gainesville FL 32608

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

optometric services

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Dr. Pamela J. Bingham pres. Name and Title: \_\_\_\_\_

Address: 9363 SW 71<sup>st</sup> Loop Address: \_\_\_\_\_  
Ocala FL 34481

Name and Title: Dr. Pamela J. Bingham treas. Name and Title: \_\_\_\_\_

Address: 9363 SW 71<sup>st</sup> Loop Address: \_\_\_\_\_  
Ocala FL 34481

Name and Title: Dr. Pamela J. Bingham/sec. Name and Title: \_\_\_\_\_

Address: 9363 SW 71<sup>st</sup> Loop Address: \_\_\_\_\_  
Ocala FL 34481

**ARTICLE VI REGISTERED AGENT**

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

Name: Dr Pamela J. Bingham

Address: 9363 SW 71<sup>st</sup> Loop

Ocala FL 34481

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Pamela J. Bingham

Address: 9363 SW 71<sup>st</sup> Loop

Ocala FL 34481

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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*

Dr P J Bingham  
Required Signature/Registered Agent

6/14/17  
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.*

Dr P J Bingham  
Required Signature/Incorporator

6/14/17  
Date