

P17000082915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

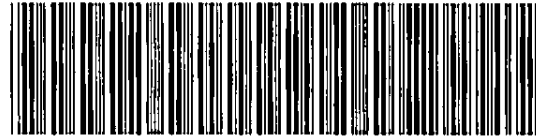
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/13/17 -01022 -005 **105.00

FILED
17 OCT 13 PM 12:50
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

T. BURCH

OCT 16 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Suncoast Emergency Care, 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:

Jenelle Romig
Contact Person

Suncoast Emergency Care, Inc.
Firm/Company

12115 Everglade Kite Rd.
Address

Weeki Wachee, FL 34614
City, State and Zip Code

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

For further information concerning this matter, please call:

Jenelle Romig at (610) 393-6328
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 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
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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

FILED
17 OCT 13 PM 12:50
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

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:

Suncoast Emergency Care, LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company L16-223294
(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 January 1, 2017
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:

N/A

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

Suncoast Emergency Care, Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: Oct. 9, 2017

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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 9th day of October, 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: ☒ [Signature]

Printed Name: Jenelle Romig Title: President

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

Signature: ☒ [Signature]

Printed Name: Jenelle Romig Title: Manager

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: Suncoast Emergency Care Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

12115 Everglade Kite Rd
Weeki Wachee, FL 34614

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any lawful business activity

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Senelle Romig - Pres Name and Title: _____

Address: 12115 Everglade Kite Rd Address: _____
Weeki Wachee, FL 34614

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: Jenelle Romig
Address: 12115 Everglades Kite Rd
Wooki-Wooki, FL 34614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jenelle Romig
Address: 12115 Everglades Kite Rd
Wooki-Wooki, FL 34614

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17 OCT 13 PM 12:50
ALABAMA SECRETARY OF STATE

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

X Jenelle Romig
Required Signature/Registered Agent

10-9-17
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.

X Jenelle Romig
Required Signature/Incorporator

10-9-17
Date