

P17000082915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

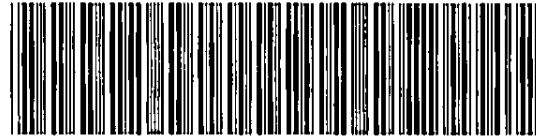
(Business Entity Name)

(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

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17 OCT 13 PM 12:50  
TOLSON

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:

- \$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

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17 OCT 19 PM 12: 50  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

**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 9<sup>th</sup> 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:
<u>12115 Everglade Kite Rd</u>	<u>same</u>
<u>Weeki Wachee, FL 34614</u>	

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: <u>Jenelle Romig - Pres</u>	Name and Title: _____
Address: <u>12115 Everglade Kite Rd</u>	Address: _____
<u>Weeki-Wachee, FL 34614</u>	_____
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: Jewelle Romig  
Address: 12115 Everglades Kite Rd  
Wookie Weechee, FL 34614

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17 OCT 13 PM 12:50  
MICHIGAN DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jewelle Romig  
Address: 12115 Everglades Kite Rd  
Wookie - Weechee, FL 34614

\*\*\*\*\*  
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 Jewelle 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 Jewelle Romig  
Required Signature/Incorporator

10-9-17  
Date