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(Requ	estor's Name)	
(Addr	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ment Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
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COVER LETTER

TO:	Charter Section Division of Cor				
SUR	JECT: MRMONK				
SOIM	, <u></u>	Name of	Resulting Flor	rida Profit	Corporation
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Other Business 15, F.S.
Please	e return all corres	oondence concerning this	s matter to:		
MON	ICA MONK				
	<u>, , </u>	Contact Person		,	
M.R.	MONK INC.				
		Firm/Company			
45011	15 STATE ROAD 2	00			
		Address		<u>-</u>	
CALI	LAHAN, FLORIDA	32011			
		City, State and Zip Code	e	_	
	nk70@att.net				
	E-mail address: (t	o be used for future anni	ual report noti	fication)	
For fu	urther information	concerning this matter.	please call:		
MON	ICA MONK		904 at (879-9	677
	Name of Co	ontact Person		a Code and	I Daytime Telephone Number
Enclo	sed is a check for	the following amount:			
□ \$i	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 F and Certified		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New Divis Clifto	EET ADDRESS: Filings Section ion of Corporation on Building Executive Center			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

MRMONK LLC	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter antity type, Evenpley limited liability company limited partnership	
(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)	
10/26/2011 on	
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 vorganized, formed or incorporated:	which it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :	
M.R. MONK TAC.	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this day	
listed as the document's effective date on the Department of State's records.	ac min not be

Signed this 12th day of FEBRUARY	. 20
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: MONICA R MONK Title: PRESIDE	r. or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business En	
Signature: Kichl Mul	
Printed Name: RICHARD MONK	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	_
Printed Name:	
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
If Florida General Partnership or Limited Liability E Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability I Signatures of <u>ALL</u> General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of t	he corporation shall be: M.R. MONK TOC	
	I PRINCIPAL OFFICE	
	place of business/mailing address is:	
450115 STAT	Principal street address E ROAD 200	Mailing address, if different is: PO BOX 261
CALLAHAN.	FLORIDA 32011	CALLAHAN, FLORIDA 32011
The purpose	II PURPOSE for which the corporation is organized is: MEDICAL BILLING COMANY THAT HAS OPE	ERATED AS AN LLC SINCE 10/26/2011. WE ARE
WANTING T	O CONVERT TO AN S CORPORATION.	
		
·····		
ARTICLE I	V SHARES)
ARTICLE I The number o	V SHARES If shares of stock is:	
The number of	V SHARES of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ECTORS
The number of	of shares of stock is: 1000 V INITIAL OFFICERS AND/OR DIRE	ECTORS Name and Title:
The number of th	of shares of stock is: 1000 V INITIAL OFFICERS AND/OR DIRE	Name and Title:
The number of	of shares of stock is:	
The number of ARTICLE Name and Ti Address:	tle: WINITIAL OFFICERS AND/OR DIRE tle: 45061 DUTTON WAY CALLAHAN, FLORIDA 32011 RICHARD MONK, WICE, Prosident	Name and Title:Address:
The number of ARTICLE Name and Ti Address: Name and Ti	tle: WINITIAL OFFICERS AND/OR DIRE tle: 45061 DUTTON WAY CALLAHAN, FLORIDA 32011 RICHARD MONK, WICE, Prosident	Name and Title: Address: Name and Title:
The number of ARTICLE Name and Ti Address:	INITIAL OFFICERS AND/OR DIRECTED W INITIAL OFFICERS AND/OR DIRECTED HE: 45061 DUTTON WAY CALLAHAN, FLORIDA 32011 HE: RICHARD MONK VICE President	Name and Title: Address: Name and Title: Address:
The number of ARTICLE Name and Ti Address: Name and Ti Address:	INITIAL OFFICERS AND/OR DIRECTOR W INITIAL OFFICERS AND/OR DIRECTOR ### MONICA MONK PRESIDENT ### 45061 DUTTON WAY CALLAHAN, FLORIDA 32011 ### RICHARD MONK VICE President ### 45061 DUTTON WAY	Name and Title: Address: Name and Title:

	E VI REGISTERED AGENT		
The <u>name</u>	e and Fiorida street address (P.O. Box NOT	acceptable) of the registered agent is:	
Name:	United States Corporation Agents, Inc.		
Address:	13302 WINDING OAK COURT SUITE A		
	TAMPA, FLORIDA 33612		
ARTICL			
The name	e and address of the Incorporator is:		
Name:	MONIKA MONK		
Address:	450115 STATE ROAD 200		
	CALLAHAN, FL 32011		
******** Having be this certifi	**************************************	e of process for the above stated corporation at the atment as registered agent and agree to act in this ca	place designated in pacity
_0/	Cheyenne Moseley, Asst. Secreta of United States Corporation Ag		
	Required Signature/Registered Agent	Date	
I submit t document	his document and affirm that the facts stated to the Department of State constitutes a third	herein are true. I am aware that any false informa degree felony as provided for in s.817.155, F.S.	tion submitted in a
<u> </u>	Monica Monk	3/26/2018	
	Required Signature/Incorporator	Date	

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