

P18000042996

(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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Office Use Only

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MAY 14 2018



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05/08/18--01010--004 **105.00

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18 MAY -8 AM 9:35
SECRETARY OF STATE
PAID 105.00
MAY 14 2018

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Orlando Pediatric Physical Therapy, 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:

Molly Swafford
Contact Person

Orlando Pediatric Physical Therapy, Inc.
Firm/Company

716 Friar Rd.
Address

Winter Park, FL 32792
City, State and Zip Code

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

For further information concerning this matter, please call:

Molly Swafford at (678) 978-8316
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees and Certificate of Status
☐ \$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

FILED
18 MAY - 8 AM 9:35
TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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:

Orlando Pediatric Physical Therapy LLC L17600072505
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 FL
(Enter state, or if a non-U.S. entity, the name of the country)

on 5-22-17
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**:

Orlando Pediatric Physical Therapy, Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: Jan 1, 2018
(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.

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RECEIVED
MAY 18 2018
TALLAHASSEE, FL 32310

Signed this 27 day of April, 20 18.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Molly Swafford

Printed Name: Molly Swafford Title: chairman, president

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

Signature: Molly Swafford

Printed Name: Molly Swafford 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)

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TALLAHASSEE, FLORIDA

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: Orlando Pediatric Physical Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

716 Eniac Rd.

Winter Park, FL 32792

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business

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CLERK OF DISTRICT COURT
JANUARY 21 2019

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Molly Swafford ^Wowner, president Name and Title: _____

Address: 716 Eniac Rd. Address: _____

Winter Park, FL 32792 _____

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: Molly Swafford
Address: 716 Friar Rd.
Winter Park, FL 32792

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Molly Swafford
Address: 716 Friar Rd.
Winter Park, FL 32792

.....
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

Molly Swafford
Required Signature/Registered Agent

5-18
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.

Molly Swafford
Required Signature/Incorporator

5-1-18
Date

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18 MAY -8 AM 9:35
TAMPA, FL 33602
S10975