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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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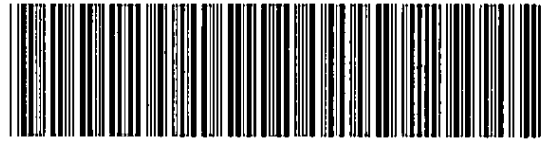
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 08 2018

T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Beverly C. Walters, M.D., 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:

Dean G. Robinson, Esq.

Contact Person

Firm/Company

670 Willett Avenue

Address

East Providence, RI 02915

City, State and Zip Code

drobinson@dgrlaw.necoxmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean G. Robinson, Esq. _____ at (401) 383-6540

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 and Certified Copy Certified Copy, and
Status 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:

Beverly C. Walters, M.D., Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Profit 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 Rhode Island
(Enter state, or if a non-US entity, the name of the country)

on August 12, 1999
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:

Beverly C. Walters, M.D., Inc.

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 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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TALLAHASSEE, FLORIDA

Signed this 3rd day of July, 2018.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: B. Walters

Printed Name: Beverly C. Walters Title: President

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

Signature: B. Walters

Printed Name: Beverly C. Walters 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

Beverly C. Walters, M.D., Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
270 Woodside Lake Drive
Ormond Beach, FL 32174

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To render professional services in consulting in the field of Neurosurgery and Clinical Epidemiology Services

ARTICLE IV SHARES

8,000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Beverly C. Walters, President
Address: 270 Woodside Lake Drive
Ormond Beach, FL 32174

Name and Title: Beverly C. Walters, Secretary
Address: 270 Woodside Lake Drive
Ormond Beach, FL 32174

Name and Title: Beverly C. Walters, Treasurer
Address: 270 Woodside Lake Drive
Ormond Beach, FL 32174

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Beverly C. Walters
Address: 270 Woodside Lake Drive
Ormond Beach, FL 32174

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

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

Laurent Krentz
Required Signature/Registered Agent

LAURENT KRENTZ
VICE PRESIDENT

6/20/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

BC Walters
Required Signature/Incorporator

6/20/2018
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA