

P1800077053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

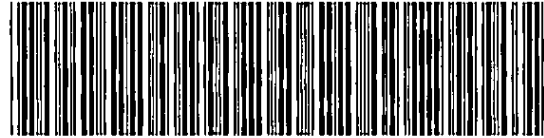
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FAT 11-1-1

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Premier Endovascular Services of Florida, 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:

Laura Moyer

Contact Person

Benetrends Financial

Firm/Company

1180 Welsh Road, Suite 280

Address

North Wales, PA 19454

City, State and Zip Code

lmoyer@benetrends.com

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

For further information concerning this matter, please call:

Laura Moyer

at ( 866 )

423-6387

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<br>and Certificate of<br>Status | <input checked="" type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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

18 SEP 12 PM 10:30  
ST. LOUIS  
CALL CENTER

**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:

PREMIER ENDOVASCULAR SERVICES OF FLORIDA, PLLC

L1300087900

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Professional 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 Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on April 6, 2018

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**:

PREMIER ENDOVASCULAR SERVICES OF FLORIDA, 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.

Signed this 11 day of September, 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: Laura Moyer

Printed Name: Laura Moyer Title: Incorporator

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

Signature: Ivy Lawson

Printed Name: Ivy Lawson Title: Manager/Member

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**[Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**[Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**[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: PREMIER ENDOVASCULAR SERVICES OF FLORIDA, INC.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

10781 NW 5th Street

Plantation FL 33324

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Any and all Lawful Business including providing interventional and diagnostic radiology services

to health facilities for a contracted price.

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#

**ARTICLE IV    SHARES**

The number of shares of stock is: 10,000,000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PSTD: Ivy Lawson

Name and Title: \_\_\_\_\_

Address: 10781 NW 5th Street

Address: \_\_\_\_\_

Plantation FL 33324

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: Ivy Lawson  
Address: 10781 NW 5th Street  
Plantation FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Laura Moyer  
Address: 1180 Welsh Rd. Suite 280  
North Wales, PA. 19454

\*\*\*\*\*  
*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*

  
Required Signature/Registered Agent

09/11/2018  
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.*

  
Required Signature/Incorporator

09/11/2018  
Date

10 SEP 12 AM 10:30  
TALLAHASSEE