

P18000099852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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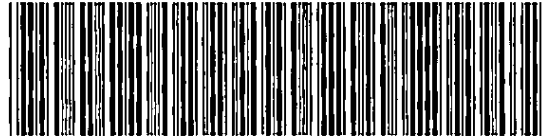
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA



DEC 11 2018

T SCHROEDER

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations  
Mobility Plus West Palm Beach Inc

**SUBJECT:** \_\_\_\_\_  
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:

Darrell Bowman

\_\_\_\_\_  
Contact Person

Mobility Plus West Palm Beach Inc

\_\_\_\_\_  
Firm/Company

7750 Okeechobee Blvd, Suite 4-340

\_\_\_\_\_  
Address

West Palm Beach, FL 33411

\_\_\_\_\_  
City, State and Zip Code

dbowman@mobilityplus.com

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

For further information concerning this matter, please call:

Darrell Bowman 561 323-3518

\_\_\_\_\_  
Name of Contact Person at ( ) 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

**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:

Mobility Plus of Greater WPB LLC

618-246346

Enter Name of Other Business Entity

Limited Liability Company

2. The "Other Business Entity" is a

(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

Florida

first organized, formed or incorporated under the laws of

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

October 31/2018

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 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**:

Mobility Plus West Palm Beach Inc

Enter Name of Florida Profit Corporation

01/01/2019

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 26th day of November, 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: [Signature]  
 Printed Name: Darrell Bowman Title: President

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

Signature: [Signature]  
 Printed Name: Darrell Bowman Title: member

Signature: [Signature]  
 Printed Name: Deborah Bowman Title: member

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:	\$55.00
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** Mobility Plus West Palm Beach Inc

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

7750 Okeechobee Blvd.

Suite 4-340

West Palm Beach, FL 33411

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Initially setup up a LLC, however my accountant said I should have set up a S-Corp instead.

Mobility Plus is my LLC's fictitious name already set up as well.

Mobility Plus is a reseller of Mobility products for the elderly and handicapped.

**ARTICLE IV SHARES** 1,000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Darrell Bowman, President

Address: 7750 Okeechobee Blvd, Ste 4-340

West Palm Beach, FL 33411

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

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

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

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

Name and Title: Deborah Bowman, Vice President

Address: 7750 Okeechobee Blvd, Ste 4-340

West Palm Beach, FL 33411

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

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

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

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

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TALLAHASSEE, FL 32310

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Darrell Bowman  
7750 Okeechobee Blvd, Ste 4-340  
Address: West Palm Beach, FL 33411

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Darrell Bowman  
7750 Okeechobee Blvd, Ste 4-340  
Address: West Palm Beach, FL 33411

\*\*\*\*\*  
*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

11/26/18  
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.*

  
Required Signature/Incorporator

11/26/18  
Date

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