

P19000019920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

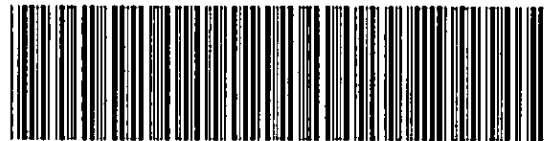
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W19-2507



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2019

MICHAEL S FOELSTER, ESQ
400 S DIXIE HWY STE 420
BOCA RATON, FL 33432

SUBJECT: STEFAN A PASTERNAK MD, PA
Ref. Number: W19000002507

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TALLAHASSEE, FLORIDA

We have received your document for STEFAN A PASTERNAK MD, PA and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 219A00004165

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: STEFAN A. PASTERNAK MD, PA

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:

Michael S. Foelster, Esq.

Contact Person

Backer Aboud Poliakoff & Foelster, LLP

Firm/Company

400 S. Dixie Highway, Suite 420

Address

Boca Raton, FL 33432

City, State and Zip Code

jeff@taxbypa.com

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

For further information concerning this matter, please call:

Michael S. Foelster, Esq. at (561) 361-8535

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

L18000049109

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:

STEFAN A. PASTERNAK MD, LLC

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

on February 23, 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**:

STEFAN A. PASTERNAK MD, PA

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 20 day of December, 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: Stefan A. Pasternack

Printed Name: Stefan A. Pasternack Title: President

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

Signature: Stefan A. Pasternack

Printed Name: Stefan A. Pasternack, MD 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: STEFAN A. PASTERNAK MD, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
950 Peninsula Corporate Circle

Mailing address, if different is:
6924 Balboa Island Court

#2005

Delray Beach, FL 33446-5641

Boca Raton, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice of psychiatry

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stefan A. Pasternack, MD- President

Name and Title: _____

Address: 950 Peninsula Corporate Circle #2005

Address: _____

Boca Raton, FL 33487

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

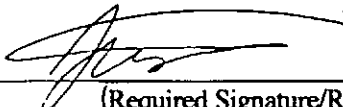
Name: Jeff Pasternack
Address: 1200 NW 17th Avenue, Suite 19
Delray Beach, FL 33445

ARTICLE VII INCORPORATOR

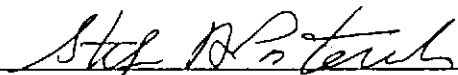
The **name and address** of the Incorporator is:

Name: Stefan A. Pasternack, MD
Address: 950 Peninsula Corporate Circle #2005
Boca Raton, FL 33487

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

 12-18-18
(Required Signature/Registered Agent) (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.

 12/20/18
Required Signature/Incorporator Date

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