

P19000048633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

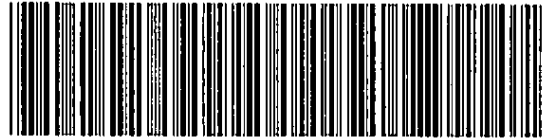
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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19 JUN -3 AM 10:54
TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 18 2019

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MEDSTAT URGENT CARE CENTERS, 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:

LES H. STEVENS, ESQUIRE

Contact Person

LES H. STEVENS, P.A.

Firm/Company

5301 NORTH FEDERAL HIGHWAY, SUITE 130

Address

BOCA RATON, FLORIDA 33487

City, State and Zip Code

rodriguez@helixcares.com

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

For further information concerning this matter, please call:

LES H. STEVENS, ESQUIRE

at (561) 989-9797

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
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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:

MEDSTAT URGENT CARE CENTERS, L.L.C.

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 SEPTEMBER 17, 2004

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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

MEDSTAT URGENT CARE CENTERS, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: UPON FILING

(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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19 JUN -3 4:10 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 6th day of MAY, 2019

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: ROBERT RODRIGUEZ Title: PRESIDENT

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

Signature: [Signature]

Printed Name: ROBERT RODRIGUEZ Title: AUTHORIZED MEMBER

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)

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: MEDSTAT URGENT CARE CENTERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
6515 SE KANNER HIGHWAY

STUART, FLORIDA 34997

Mailing address, if different is:
12 SPOOK RIDGE ROAD

UPPER SADDLE RIVER, NJ 07458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

(a) Rendering specific professional service as medical doctor or osteopathic medical doctor;

(b) To operate, purchase, sell, exchange, lease, assign, transfer, encumber or otherwise deal in medical urgent care centers and other items in relation to the purposes stated herein, including to borrow for the acquisition of and/or to pledge and/or encumbe;

(c) To do any and all things permitted by law incident to the foregoing, including, but not by limitation, the borrowing of funds, pledging of Corporate assets, and dealing with tangible and intangible property of all kinds; and

(d) In general, to carry on all other business in connection with the foregoing, or otherwise, and to transact any or all lawful businesses, and to have and exercise all the powers conferred by the laws of Florida on corporation.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT RODRIGUEZ, P/S/T

Address: 6515 SE KANNER HWY

STUART, FLORIDA 34997

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

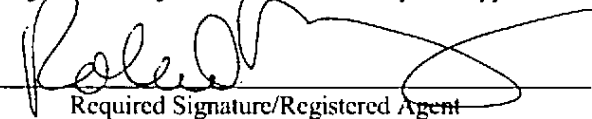
Name: ROBERT RODRIGUEZ
Address: 6515 SE KANNER HIGHWAY
STUART, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

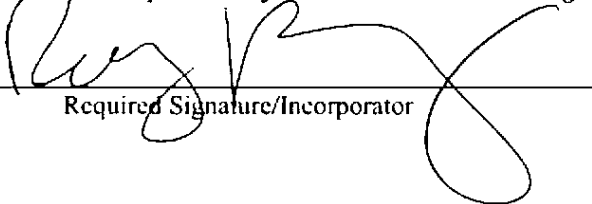
Name: ROBERT RODRIGUEZ
Address: 6515 SE KANNER HIGHWAY
STUART, FL 34997

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

MAY 6, 2019
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

MAY 6, 2019
Date

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19 JUN -3 2:10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA