

P 9 0 0 0 0 4 9 0 6 9

(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:

Office Use Only



300330119553

06/07/19--01018--030 \*\*105.00

FILED  
2019 JUN - 7 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** River Regional Veterinary Centers, P. A.

\_\_\_\_\_  
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:

W. Thomas McNicholas

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

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

301 Jacksonville Drive

\_\_\_\_\_  
Address

Jacksonville, FL 32250

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

janna@fcvets.com

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

For further information concerning this matter, please call:

Janna McNicholas

at ( 912 )

506-1044

(mobile) 904-853-6310 (Business)

\_\_\_\_\_  
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<br>and Certificate of<br>Status | <input 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 |
|--|---|---|--|

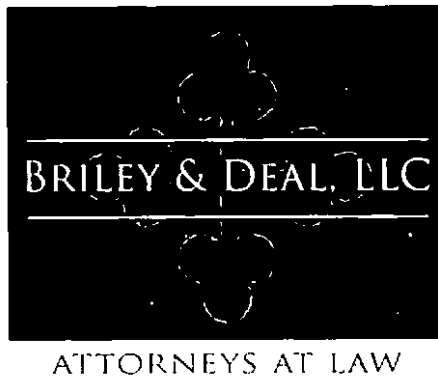
**STREET ADDRESS:**

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

2215 S. Third Street, Suite 101  
Jacksonville Beach, FL 32250



TELEPHONE: (904) 285-5299  
FACSIMILE: (904) 285-1640  
INTERNET: [www.jaxrelaw.com](http://www.jaxrelaw.com)

June 6, 2019

VIA FEDERAL EXPRESS

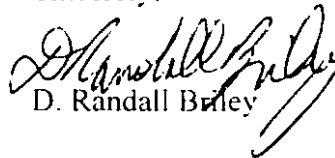
New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Certificate of Conversion River Regional Veterinary Centers

Dear Sir or Madam:

Please find enclosed a certificate of conversion with articles of incorporation and a check in the amount of \$105.00 for the filing fee. Please let me know if there is anything further we need to do to accomplish the conversion.

Sincerely,

  
D. Randall Briley

DRB/ db  
ENCLOSURE

**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:

River Regional Veterinary Centers, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a 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 Wisconsin  
(Enter state, or if a non-U.S. entity, the name of the country)

on 7/11/2014  
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**:

River Regional Veterinary Centers, P. A.

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 10<sup>th</sup> day of June, 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: Ganna B McNicholas

Printed Name: Ganna B McNicholas Title: Treasurer

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

Signature: W Thomas McNicholas Jr

Printed Name: W Thomas McNicholas Jr Title: President

X 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)

**ARTICLE I NAME**

## ARTICLE II      PRINCIPAL OFFICE

### ARTICLE III PURPOSE

## ARTICLE IV SHARES

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

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: D. Randall Briley  
Address: 2215 S. Third Street, Suite 101  
Jacksonville Beach, FL 32250

**ARTICLE VII INCORPORATOR**

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

Name: W. Thomas McNicholas, DVM. DACVS  
Address: 301 Jacksonville Drive  
Jacksonville Beach, FL 32250

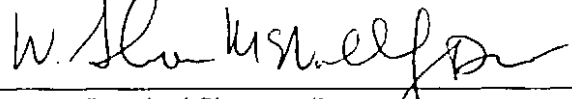
\*\*\*\*\*

*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

6/6/19  
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

6/6/19  
Date