

P19 000 004 864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

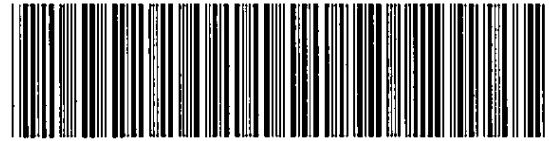
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/06/19--01012--009 **105.00

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O'KEEFE

AUG 19 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2019

JOSEPH MAIN
5411 MILEY ROAD
PLANT CITY, FL 33565

SUBJECT: MBR MUSCULOSKELETAL ASSOCIATES INC
Ref. Number: W19000063065

We have received your document for MBR MUSCULOSKELETAL ASSOCIATES INC; however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$105.00.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 519A00013902

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MBR MUSCULOSKELETAL ASSOCIATES 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:

JOSEPH MAIN

Contact Person

Firm/Company

5411 MILEY ROAD

Address

PLANT CITY, FL 33565

City, State and Zip Code

JWMANE@GMX.COM

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

For further information concerning this matter, please call:

JOSEPH MANE

at (813) 421-3192

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
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

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:

MBR MUSCULOSKELETAL ASSOCIATES L L C

Enter Name of Other Business Entity

2. The "Other Business Entity" is a L L C

(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 02/13/19

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**:

MBR MUSCULOSKELETAL ASSOCIATES INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 06/10/2019

(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.

FILED
19 AUG -5 PM 5:32
TALLAHASSEE, FL
2019

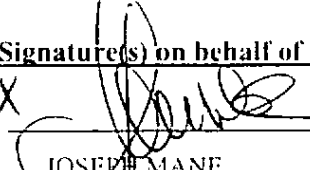
Signed this 10TH day of JUNE, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: JOSEPH MANE

Printed Name: JOSEPH MANE Title: PRESIDENT

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

Signature: X  _____

Printed Name: JOSEPH MANE Title: PRESIDENT

Signature: X  _____

Printed Name: BEVERLY MANE Title: VICE PRESIDENT

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)

MAILED SEP 11 2019

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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: MBR MUSCULOSKELETAL ASSOCIATES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
5411 MILEY ROAD

PLANT CITY, FL 33565

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH MANE - PRESIDENT

Address: 5411 MILEY RD

PLANT CITY, FL 33565

Name and Title: _____

Address: _____

Name and Title: BEVERLY MANE - VICE PRESIDENT

Address: 5411 MILEY RD

PLANT CITY, FL 33565

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
JANUARY 10 2020

ARTICLE VI REGISTERED AGENT

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

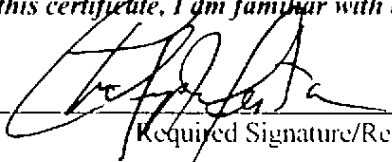
Name: PHILIP J TESTA
Address: 6604 GUNN HWY
TAMPA, FL 33625

ARTICLE VII INCORPORATOR

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

Name: JOSEPH MANE
Address: 5411 MILEY RD
PLANT CITY, FL 33565

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

06/10/2019

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.

X 

Required Signature/Incorporator

06/10/2019

Date

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TALLAHASSEE, FL

