

P190000 70355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

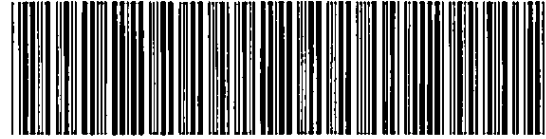
(Document Number)

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2019 SEP 12 PM
SECRETARY OF
CALIFORNIA STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2.18.2019

August 23, 2019

INKY PARRACK
1538 MALLARD LN
SARASOTA, FL 34239 US

SUBJECT: ACADEME AND OBLIGE, LLC
Ref. Number: W19000078162

We have received your document for ACADEME AND OBLIGE, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because your document was received in this office prior to May 2 when the \$400 late fee went into effect, please return to sunbiz.org to file the annual report and submit payment by voucher with a check minus the \$400 late. 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 719A00017445

FILED
2019 SEP 12 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ACADEME AND OBLIGE, 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:

Inky Parrack

Contact Person

ACADEME AND OBLIGE, PA

Firm/Company

1538 MALLARD LN

Address

SARASOTA, FL 34239

City, State and Zip Code

iparrack@veinsandareries.com

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

For further information concerning this matter, please call:

Bill King

865

363-5464

at ()

Name of Contact Person

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:

ACADEME AND OBLIGE, 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 09/24/2018
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:

N/A

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

ACADEME AND OBLIGE, PA

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: N/A - date of 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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2019 SEP 12 PM 3:06
SECRETARY OF STATE
ALLAHUSSEIN, FLORIDA

Signed this 6th day of SEPTEMBER, 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: _____

Printed Name: INKYONG K. PARRACK Title: President

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

Signature: _____

Printed Name: INKYONG K. PARRACK 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)

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 2019 SEP 12 PM 3:07
 SECRETARY OF STATE
 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: ACADEME AND OBLIGE, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

1538 MALLARD LN

1538 MALLARD LN

SARASOTA, FL 34239

SARASOTA, FL 34239

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Services

ARTICLE IV SHARES

The number of shares of stock is: 1200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: INKYONG K. PARRACK, President

Name and Title: _____

Address: 1538 MALLARD LN

Address: _____

SARASOTA, FL 34239

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2019 SEP 12 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VI REGISTERED AGENT

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

Name: INKYONG K. PARRACK
Address: 1538 MALLARD LN
SARASOTA, FL 34239

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: INKYONG K. PARRACK
Address: 1538 MALLARD LN
SARASOTA, FL 34239

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

09/06/2019

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

09/06/2019

Date

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2019 SEP 12 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA