

P19000087339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

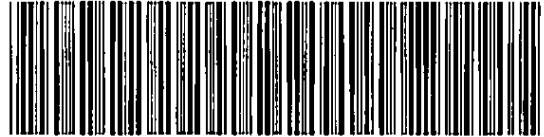
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/09/19--01026--008 **113.75

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2019 NOV -4 AM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Field Case Managers, LLC

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:

Claudia Gonzalez

Contact Person

Field Case Managers, LLC

Firm/Company

9052 SW 142nd Ave, Ste# 614

Address

Miami, FL 33186

City, State and Zip Code

referrals@fieldcasemanagers.com

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

For further information concerning this matter, please call:

Claudia Gonzalez

at (786) 286-1801

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2019

CLAUDIA GONZALEZ
9052 SW 142ND AVE STE 614
MIAMI, FL 33186

SUBJECT: FIELD CASE MANAGERS, LLC
Ref. Number: W19000085800

We have received your document for FIELD CASE MANAGERS, 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):

The Certificate of Conversion must be signed by an authorized person.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 719A00019621

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:
Field Case Managers, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Non-professional Organization
(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 06/22/2018
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:
Florida

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:
Field Case Managers, Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 07/05/2019
(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
2019 NOV -4 AM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL

Signed this 4th 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: Claudia Gonzalez Title: President

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

Signature: _____

Printed Name: Claudia Gonzalez Title: President

Signature: _____

Printed Name: Theodore Gonzalez 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)

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: Field Case Managers, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

9052 SW 142nd Ave, Ste# 614

P.O. Box 562583

Miami, FL 33186

Miami, FL 33256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provision of coordination of medical benefits

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia Gonzalez, President

Name and Title: _____

Address: PO Box 562583

Address: _____

Miami, FL 33256

Name and Title: Theodore Gonzalez, Vice President

Name and Title: _____

Address: PO Box 562583

Address: _____

Miami, FL 33256

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Claudia Gonzalez

Address: 9052 SW 142nd Ave, Ste# 614

Miami, FL 33186

ARTICLE VII INCORPORATOR

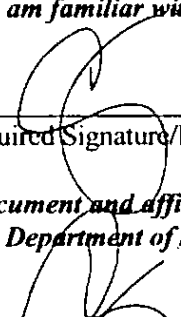
The **name and address** of the Incorporator is:

Name: Claudia Gonzalez

Address: 9052 SW 142nd Ave, Ste# 614

Miami, FL 33186

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

09/04/2019

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

09/04/2019

Date