

P20000027232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

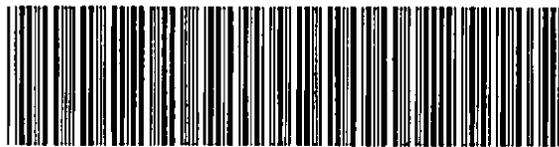
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02/07/20--01001--004 **70.00

12/13/19--01018--022 **35.00

FILED
2020 MAR 23 AM 9:49
SECRETARY OF STATE
TALLAHASSEE FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2020

BRENDA KENNY
11272 W HILLSBOROUGH AVE
TAMPA, FL 33635

SUBJECT: GALE HEALTHCARE SOLUTIONS - JACKSONVILLE, LLC
Ref. Number: L18000030296

We have received your document for GALE HEALTHCARE SOLUTIONS - JACKSONVILLE, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

ARTICLES OF AMENDMENT CANNOT BE FILED TO CONVERT A LIMITED LIABILITY COMPANY TO A CORPORATION. PLEASE SEE THE ENCLOSED INFORMATION.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 520A00002936

2020 MAR 23 PM 4:00

ED



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TOTAL PERSONNEL SERVICES INC.
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Brenda Kenny
Contact Person

The ABC CPA
Firm/Company

11272 W. Hillsborough Ave
Address

Tampa FL 33635
City, State and Zip Code

Brenda@theabc-cpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Kenny at (813) 335-1878
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
- \$70 Remaining Balance

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

WB
send
UPS

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Gale Healthcare Solution - Jacksonville, LLC
Enter Name of the Converting Entity (L18-302916)

2. The converting 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 02-02-2018
Enter date "Converting Entity" was first organized, formed or incorporated.

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

TOTAL PERSONNEL SERVICES INC.
Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

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.

SECRETARY OF STATE
TALLAHASSEE, FL

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Signed this _____ day of _____, 20_____

Required Signature for Florida Profit Corporation:

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

Handwritten signature of Aaron A. Littles

Printed Name: Aaron A. Littles Title: CEO

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: *Handwritten signature of Aaron A. Littles*

Printed Name: Aaron A. Littles Title: CEO

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.

<u>Fees:</u>	
Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION**
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: TOTAL PERSONNEL SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
11274 W. Hillsborough Ave
Tampa, FL 33635

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Staffing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Littles, CEO

Name and Title: _____

Address: 11274 W. Hillsborough Ave.
Tampa, FL 33635

Address: _____

Name and Title: Eric Littles, MGR

Name and Title: _____

Address: 11274 W. Hillsborough Ave.
Tampa, FL 33635

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2020 MAR 23 AM 9:50
SUPERIOR COURT
HILLSBOROUGH COUNTY, FL

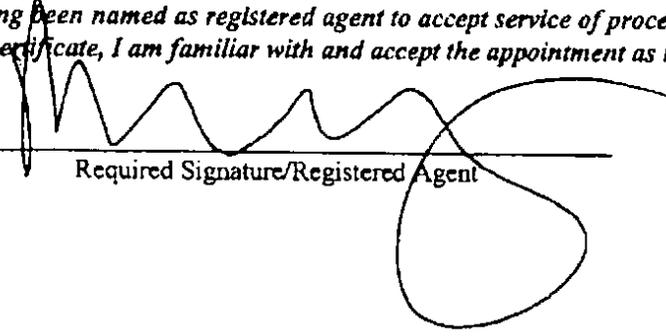
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ARTICLE VI REGISTERED AGENT

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

Name: Brenda Kenny
Address: 11272 W. Hillsborough Ave
Tampa, FL 33635

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

02-03-2020
Date

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STATE
TALLAHASSEE, FL