

JASON

PZ1 000054946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

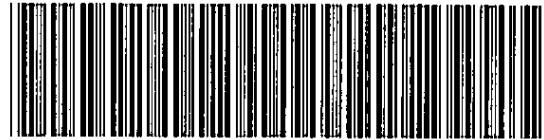
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

J. FASON

JUN 11 2021



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2021 JUN -3 AM 5:44
FILE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SIMPLE PATH MENTAL HEALTH 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:

Evgeny Chernyak
Contact Person

Firm/Company

614 BOWLES COURT
Address

NEPTUNE BEACH, FL 32266
City, State and Zip Code

therapycarehh@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evgeny Chernyak at (904) 635-6081
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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2021

EVGENY CHERNYAK
614 BOWLES CT
NEPTUNE BEACH, FL 32266

SUBJECT: SIMPLE PATH MENTAL HEALTH INC
Ref. Number: W21000075981

2021 JUN -3 AM 10:58
STATE

We have received your document for SIMPLE PATH MENTAL HEALTH INC and your check(s) totaling \$122.50. 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: 921A00011238

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:

SIMPLE PATH MENTAL HEALTH INC

Enter Name of the Converting Entity

2. The converting entity is a S-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 WASHINGTON STATE

(Enter state, or if a non-U.S. entity, the name of the country)

on 05/19/2020

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**:

SIMPLE PATH MENTAL HEALTH 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: 05/01/2021

(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.

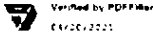
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Signed this 20th day of April, 2021.

Required Signature for Florida Profit Corporation:

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

Elina Chernyak



Printed Name: Elina Chernyak Title: President

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

Signature: *E Chernyak*

Printed Name: ELINA CHERNYAK Title: PRESIDENT

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:

Articles 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
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: SIMPLE PATH MENTAL HEALTH INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
700 3rd Street, Suite 202
Neptune Beach, FL 32266

Mailing address, if different is:
614 Bowles Court
Neptune Beach, FL 32266

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Elina Chernyak, President
Address: 410 SW Skyline Dr
Pullman WA 99163

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

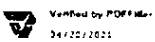
Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Evgeny Chernyak
Address: 614 Bowles Court
Neptune Beach, FL 32266

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

Evgeny Chernyak  Verified by PDFelement
24/02/2021
Required Signature/Registered Agent

04/20/2021
Date

2021 JUN -3 AM 5:44
10