

P23000003092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

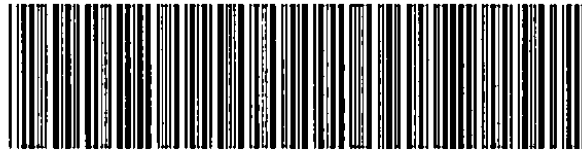
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TALLAHASSEE, FLORIDA

# COVER LETTER

New Filing Section  
Division of Corporations

SUBJECT: Morris Isaac Gordon, M.D., A Professional Association  
Name of Resulting Florida Profit Corporation

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

Please return all correspondence concerning this matter to:

Morris I. Gordon, M.D.  
Contact Person

Morris Isaac Gordon, M.D., A Professional Association  
Firm/Company

3742 NW 5th Ave  
Address

Box Kator, FL 33431  
City, State and Zip Code

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

For further information concerning this matter, please call:

Morris Gordon at ( 310 ) 622-3600  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$5.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees.  
and Certificate of Status and Certified Copy 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

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

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

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

Marvin Isaac Gordon, M.D., A Professional Corporation  
Enter Name of the Converting Entity

The converting entity is a Stock Corporation - CA - Professional  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

Organized, formed or incorporated under the laws of California  
(Enter state, or if a non-U.S. entity, the name of the country)

07/25/2011  
Enter date "Converting Entity" was first organized, formed or incorporated.

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

Marvin Isaac Gordon, M.D., A Professional Association/PA. Suffix missing  
Enter Name of Florida Profit Corporation

The conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its  
jurisdiction.

Not effective on the date of filing, enter the effective date: \_\_\_\_\_.

Effective date: **Cannot be prior to nor more than 90 days after the date this document is filed by the Florida  
Department of State.)**


If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
as the document's effective date on the Department of State's records.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

d this 3rd day of October, 2022.

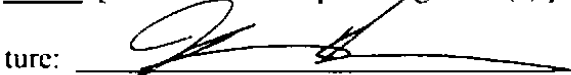
**Required Signature for Florida Profit Corporation:**

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



Signature Name: Martin Gordon Title: President

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

Signature: 

Signature Name: Martin Isaac Gordon, M.D. Title: President

Signature: \_\_\_\_\_

Signature Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**Others:**

Signature of an authorized person.

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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**

Name of the corporation shall be: Marvin Isaac Gordon, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal place of business/mailing address is:

Principal street address

3742 NW 5th Ave

Fort Lauderdale, FL 33431

Mailing address, if different is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE III PURPOSE**

Purpose for which the corporation is organized is:

Medical

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

Number of shares of stock is: 100

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Marvin I. Gordon, M.D. (President)

3742 NW 5th Ave Address: \_\_\_\_\_

Fort Lauderdale, FL 33431 \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**LE VI REGISTERED AGENT**

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

Mark I. Gordon, M.D.

3742 NW 5th Ave

Boca Raton, FL 33431

\*\*\*\*\*

*been named as registered agent to accept service of process for the above stated corporation at the place designated in  
ficate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

10/03/2022  
Date