

P23000050924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000070394

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04/25/23--01023--009 **122.50

FILED
23 APR 25 AM 9:27
STATION 10
FALL ARIZONA

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:

RECOVER WITH D LLC

Enter Name of the Converting Entity

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 **8/4/2020**
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:**

RECOVER WITH D 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: **4/19/2023**

(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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23 APR 25 PM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: RECOVER WITH D INC

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

7911 COLONY CIRCLE NORTH APT N205 TAMARAC, FL 33321

7911 COLONY CIRCLE NORTH APT N205 TAMARAC FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Recover with d provides physical, mental and emotional support to patients who have been released from cosmetic surgery to ensure after care

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: DOMINIQUE LAMBRIGHT

Name and Title: _____

Address: 7911 COLONY CIRCLE NORTH APT N205

Address: _____

TAMARAC, FL 33321

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

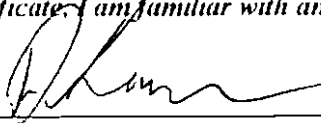
The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DOMINIQUE LAMBRIGHT

Address: 7911 COLONY CIRCLE NORTHAPT N205

TAMARAC, FL 33321

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

4-19-2023

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **RECOVER WITH D 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:

DOMINIQUE LAMBRIGHT

Contact Person

RECOVER WITH D INC

Firm/Company

7911 COLONY CIRCLE NORTH , APT N205

Address

TAMARAC, FL 33321

City, State and Zip Code

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

For further information concerning this matter, please call:

DOMINIQUE LAMBRIGHT

at ()

347-273-4831

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 ☐ \$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

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SECTION
TALLAHASSEE, FL