# P24000007013

(Requestor's Name)  (Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
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#### COVER LETTER

New Filing Section TO: Division of Corporations

Perhealth Chiropractic & Wellness Center 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:

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Contact Person

### Patricia Lepore, CB, EA, PA

Firm/Company

10201 SE 170th PI

Address

Summerfield, FI 34491

## patricia@pl-accounting.com

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

For further information concerning this matter, please call:

Status

Patricia Lepore

Name of Contact Person

Area Code and Davtime Telephone Number

Enclosed is a check for the following amount:

and Certificate of

and Certified Copy

■ \$105.00 Filing Fees □\$113.75 Filing Fees □\$113.75 Filing Fees □\$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

## 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:

Perhealth Chiropractic, 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)
(Enter state, or if a non-U.S. entity, the name of the country)
on October 25, 2021
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
•
Perhealth Chiropractic & Wellness Center 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: 01/01/2024
(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.

Signed this 21 day of Decemb	oer	
Required Signature for Florida Profit Corpo		
Signature of Director, Officer, or, if Directors of Printed Name:  Jessica Perhealth Title:		orator:
Required Signature(s) on behalf of Converting companies: [See below for required signature(s)]	ng Florida partnerships, limited partners	hips, and limited liability
Xignature: Jessica J Perhea	alth <sub>Title:</sub> Dr	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	<u></u>
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	2023
If Florida General Partnership or Limited Li Signature of one General Partner.	ability Partnership:	DEC 28
If Florida Limited Partnership or Limited Li Signatures of ALL General Partners.	ability Limited Partnership:	PN 2:00
If Florida Limited Liability Company: Signature of a Member or Authorized Represent	tative.	J. N.E.
All others: Signature of an authorized person.		
Fees:  Articles of Conversion: Fees for Florida Articles of Incorporation Certified Copy: Certificate of Status:	\$35.00 on: \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

TICLE II PRINCIPAL OFFICE	
principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
28 SE 165th Mulberry Lane	
ne Villages, FI 32162	
TICLE III PURPOSE	
purpose for which the corporation is organized is:	vainage in the State of Floris
perform any and all lawful bu	isiness in the State of Floric
	<del> </del>
TICLE IV SHARES 100	
TICLE IV SHARES number of shares of stock is:	
TICLE V OFFICERS AND/OR DIRECTORS	
ricLE v officers and/or directors  ne and Title:  Dr Jessica Perhealth, President	Name and Title:
ne and Title:  Dr Jessica Perhealth, President	Name and Title:
ricLe v officers and/or directors ne and Title:  Dr Jessica Perhealth, President 4339 SE 150th St	
ne and Title:  Dr Jessica Perhealth, President	Name and Title:
ricle v officers and/or directors ne and Title:  10 Dr Jessica Perhealth, President 11 4339 SE 150th St 12 Summrfield, Fl 34491	Name and Title:Address:
ricLe v officers and/or directors ne and Title:  Dr Jessica Perhealth, President 4339 SE 150th St	Name and Title:  Address:  Name and Title:
ricle v officers and/or directors ne and Title:  10 Dr Jessica Perhealth, President 11 4339 SE 150th St 12 Summrfield, Fl 34491	Name and Title:Address:
ress:  Or Jessica Perhealth, President  4339 SE 150th St  Summrfield, FI 34491  The and Title:  Dr Jessica Perhealth, President  4339 SE 150th St  Summrfield, FI 34491	Name and Title:  Address:  Name and Title:
ress:  Dr Jessica Perhealth, President  4339 SE 150th St  Summrfield, Fl 34491  ress:  ress:	Name and Title:  Address:  Name and Title:  Address:
ress:  Or Jessica Perhealth, President  4339 SE 150th St  Summrfield, FI 34491  The and Title:  Dr Jessica Perhealth, President  4339 SE 150th St  Summrfield, FI 34491	Name and Title:  Address:  Name and Title:
ress:  Dr Jessica Perhealth, President  4339 SE 150th St  Summrfield, Fl 34491  ress:  ress:	Name and Title:  Address:  Name and Title:  Address:

ARTICLE The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NO)	Γ acceptable) of the registered agent is:
Name:	Patricia Lepore, CB, EA	
Address:	10201 SE 170th PI	
	Summerfield, FI 34491	
*****	***********	******
		vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
Sau	Victoria CE EA	12/21/2023
<del></del>	Required Signature/Registered Agent	Date