

P24000028746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

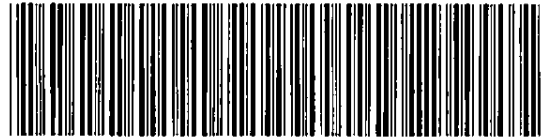
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/01/24--01023--018 \*\*122.50

FILED  
2024 APR -1 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

T. MATTHEWS

APR 26 2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2024

JOSHUA B. JAGODA  
2225 BLOODS GROVE CIRCLE  
DELRAY BEACH, FL 33445 US

SUBJECT: SOFLO SPORTS REHAB  
Ref. Number: W24000058570

*Please note that the documents here are the corrected documents.  
In Addition, there is a copy of the paid amount.*

We have received your document for SOFLO SPORTS REHAB and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. <http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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.

Tekayla T Matthews  
Regulatory Specialist II

Letter Number: 124A00007990

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SoFlo Sports Rehab 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:

Joshua B. Jagoda  
Contact Person

San Diego Spine and Sports Wellness, Jagoda Chiropractic Inc.  
Firm/Company

2225 Bloods Grove Circle  
Address

Delray Beach, FL 33445  
City, State and Zip Code

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

For further information concerning this matter, please call:

Joshua B. Jagoda at (561) 782-7550  
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 and Certified Copy Certified Copy, and  
Status 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

FILED

2024 APR -1 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FL

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:

San Diego Spine and Sports Wellness, Jagoda Chiropractic Inc.

Enter Name of the Converting Entity

2. The converting entity is a C-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 California

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

on 02/28/22

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:**

SoFlo Sports Rehab 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.


Signed this 15 day of April, 2024.

**Required Signature for Florida Profit Corporation:**

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

  
\_\_\_\_\_  
Printed Name: Joshua B. Jagoda Title: P, S, V, T

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

  
Signature: \_\_\_\_\_  
Printed Name: Joshua B. Jagoda Title: P, V, T, S

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)

FILED  
2024 APR -1 PM 1:01

**ARTICLE I      NAME**              SoFlo Sports Rehab Inc.

The name of the corporation shall be: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

2225 Bloods Grove Circle

2225 Bloods Grove Circle

Delray Beach, FL . 33445

Delray Beach, FL 33445

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

To provide Chiropractic services & physical rehabilitation to treat and manage musculoskeletal injuries

**ARTICLE IV      SHARES**      1000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V      OFFICERS AND/OR DIRECTORS**

Name and Title: Joshua B. Jagoda, President

Address: 2225 Bloods Grove Circle

Delray Beach, FL 33445

Name and Title: Joshua B. Jagoda, Treasure

Address: 2225 Bloods Grove Circle

Delray Beach, FL 33445

Name and Title: Joshua B. Jagoda, Secretary

Address: 2225 Bloods Grove Circle

Delray Beach, FL 33445

Joshua B. Jagoda, V

Name and Title: 2225 Bloods Grove Circle

Address: Delray Beach, FL 33445

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:

Joshua B. Jagoda

Name:

2225 Bloods Grove Circle

Address:

Delray Beach, FL 33445

\*\*\*\*\*

*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

04/15/24

Date