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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	9)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
<u> </u>		





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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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:
Adamston Veterinary Clinic Enter Name of the Converting Entity
Enter Name of the Converting Entity
2. The converting entity is a
first organized, formed or incorporated under the laws of
on January 6th, 1993 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> : Adam ton Vaterinary Services, PA 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.
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-SECRETARY OF STATE
AND ANASSES FI DE DA

Signed this 26 Hay of August	,20 <u>24</u> .			
Required Signature for Florida Profit Corporation:				
Signature of Director, Officer, or, if Directors or Officers	s have not been selected, an Incorporator:			
Printed Names To Eph Friedkod Title:	resident			
Required Signature(s) on behalf of Converting Florid companies: [See bolow for required signature(s).]	a partnerships, limited partnerships, a	<u>nd limit</u>	<u>ed liab</u>	ility
Signature January 100				
Printed Name: Loveen Friedhinder	Title: Vice 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 Signature of one General Partner.	Partnership:			
If Florida Limited Partnership or Limited Liability I Signatures of <u>ALL</u> General Partners.	Limited Partnership:	- i.		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		.SECRET	2024 AUG	-1
All others: Signature of an authorized person.		ARY OF	328 PM	
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	ECRETARY OF STATE LLAHASSEE, FLORIDA	80 % H	

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

The name of the corporation shall be: Adams ton	Veterinary Services, PA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address 17803 Doe Creek CT	Mailing address, if different is:
Parrish, FL 34219	SAME
The purpose for which the corporation is organized is: To provide Vetering Vetering hospital help For the corporation is organized is:	s needing relief
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: To seph Fried Lander Pre Address: 17803 Doe (rek (+ Parrish, Fb 34219)	S. Name and Title: Loveen Friedkinder V.P. Address: 17803 Due Creek Ct Revrish FL 34219
Name and Title: Address:	Name and Title: Address: Address: Address:
Name and Title:Address:	Name and Title: Address: Reg of Particular Control of Particular

ARTICL The name	E VI REGISTERED AGENT e and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Joseph Friedlander
Address:	17803 Doe Cree4Ct
	Parrish FL 34219
******	**************
Having be this certifi	een named as registered agent to accept service of process for the above stated corporation at the place designated in cate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity
Jos	Required Signature/Registered Agent Aug 26, 2024 Date
U	Date Date