

P2400074138

12-01-21  
11/11/21

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

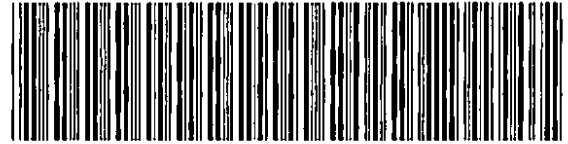
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000161117

no Incorporator

Office Use Only



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11/26/24--01024--007 \*\*113.75

FILED  
SECRETARY OF STATE  
CORPORATIONS  
24 NOV 26 AM 10:01



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2024

HEATHER HODGETT  
4540 SOUTHSIDE BLVD, STE 902  
JACKSONVILLE, FL 32216 US

SUBJECT: BETTER BEING THERAPY SERVICES, CO.  
Ref. Number: W24000161117

We have received your document for BETTER BEING THERAPY SERVICES, CO. and check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list at least one incorporator with a complete business street address.

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.

Matthew H Hitchcock  
Regulatory Specialist II

Letter Number: 824A00026609

**COVER LETTER**

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

**SUBJECT:** Better Being Therapy Services, Co.

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:

Heather Hodgett

Contact Person

The Legal Department for Service Professionals

Firm/Company

4540 Southside Blvd. Ste 902

Address

Jacksonville, FL 32216

City, State and Zip Code

heather@thelegaldepartment.law

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

For further information concerning this matter, please call:

Heather Hodgett at ( 904 ) 860-3111

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 and Certificate of Status    ☐ \$113.75 Filing Fees and Certified Copy    ☐ \$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:

**Better Being Therapy Services, 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 **May 13, 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:

**Better Being Therapy Services, Co.**

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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24 NOV 26 AM 10:01

Signed this 20<sup>th</sup> day of November, 2024

**Required Signature for Florida Profit Corporation:**

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

Stephanie Cox

Printed Name: Stephanie Cox Title: CEO

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

Signature: Stephanie Cox

Printed Name: Stephanie Cox Title: Manager

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Printed 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.

**If others:**

Signature of an authorized person.

<b><u>Fees:</u></b>	
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**  
The name of the corporation shall be: Better Being Therapy Services, Co.

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

Principal street address

953 3rd Street North  
Jacksonville Beach, FL 32250

Mailing address, if different is:

953 3rd Street North  
Jacksonville Beach, FL 32250

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is:  
for any and all legal purposes.

**ARTICLE IV    SHARES**  
The number of shares of stock is: 10,000

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Stephanie Cox, CEO

Address: 953 3rd Street South  
Jacksonville, FL 32250

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

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

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

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

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

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

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:

name: Stephanie Cox  
address: 953 3rd Street North  
Jacksonville Beach, FL 32250

\*\*\*\*\*  
*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

11-20-24  
Date

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SECRETARY OF STATE  
24 NOV 26 AM 10:01  
CORPORATION