P24000076492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

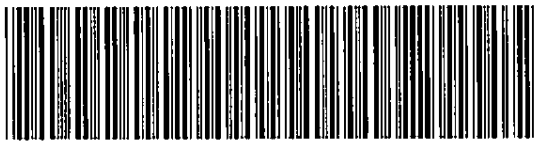
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CAPITOL SERVICES

Filing Cover Sheet

Sunbiz Prepaid Account # I20160000017

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 12/20/2024

Trans#: 1521065

Entity Name: NEUROCRITICAL CARE SPECIALISTS INC.

Articles of Organization ( )	Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion (XXX)	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation ( )
Other ( )	Partnership Registration ( )

STATE FEES PREPAID WITH SUNBIZ ACCT #I20160000017 in the amount of $113.75

PLEASE RETURN:

Certified Copy (XXX) **Plain Stamped Copy ( )**

Good Standing (XXX) **Certificate of Fact ( )**

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Neurocritical Care Specialists 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:

Karina DuQuesne
Contact Person

Caldera Law PLLC
Firm/Company

7293 NW 2nd Avenue
Address

Miami, FL 33150
City, State and Zip Code

Karina@caldera.law
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse Potterveld at (786) 321-3811
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:

Neurocritical Care Specialists 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 January 16, 2024

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:**

Neurocritical Care Specialists 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 16th day of December, 2024.

Required Signature for Florida Profit Corporation:

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

Printed Name: LaVertta Miller Title: Director

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

Signature: _____

Printed Name: LaVertta Miller Title: Member

Signature: _____

Printed Name: _____ Title: _____

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)

ARTICLE I NAME
The name of the corporation shall be: Neurocritical Care Specialists Inc.

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

Principal street address
2430 Vanderbilt Beach Rd
Unit 519
Naples, FL 34109

Mailing address, if different is:
910 15th St SW
Naples, FL 34117

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES
The number of shares of stock is: See Exhibit A attached hereto.

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: LaVertta Miller, CEO/Director
Address: 910 15th St SW
Naples, FL 34117

Name and Title:
Address:

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: Caldera Law PLLC

Address: 7293 NW 2nd Avenue

Miami, FL 33150

****

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

Karina DuQuesne

Required Signature/Registered Agent

12/16/24

Date

EXHIBIT A

The corporation shall have 30,000 shares of stock, each with a par value of $.01, broken into three (3) classes as follows:

- 10,000 shares of Class A-1 common stock;
- 10,000 shares of Class A-2 common stock; and
- 10,000 shares of Class B common stock.