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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

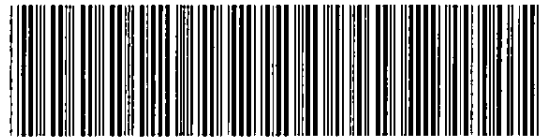
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000 154921

W24000142858X

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24 OCT 15 PM 9:38



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2024

NATALIA FIEBER  
4122 HIDDEN ACRES RD.  
MIDDLEBURG, FL 32068 US

SUBJECT: MIND OVER MATTER NEUROFEEDBACK AND COUNSELING  
Ref. Number: W24000142858

We have received your document for MIND OVER MATTER NEUROFEEDBACK AND COUNSELING and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

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: 024A00023084

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached is a form to convert an "eligible business entity" into a "Florida Profit Corporation" pursuant to section 607.11933, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

**Filing Fees:** \$105 (\$35 Conversion Fee and \$70 for Florida Profit Articles of Incorporation)

**Certified Copy (optional):** \$8.75

**Certificate of Status (optional):** \$8.75

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**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

For further information, you may contact the New Filings Section at (850) 245-6052.

**IMPORTANT INFORMATION:** Pursuant to section 607.1622 (9), F.S., "As a condition of a conversion of an entity to a corporation under s. 607.11930, the entity, if it exists under the laws of this state or if it exists under the laws of another jurisdiction and has a certificate of authority to transact business or conduct its affairs in this state, must be active and current in filing its annual reports in the records of the department through December 31 of the calendar year in which the articles of conversion are submitted to the department for filing."

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Mind over Matter Neurofeedback and Counseling 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:

Natalia Fieber  
Contact Person

Mind over Matter Neurofeedback and Counseling Co.  
Firm/Company

4122 Hidden Acres Rd.  
Address

Middleburg, FL 32068  
City, State and Zip Code

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

For further information concerning this matter, please call:

Natalia Fieber at ( 541 ) 272-1632  
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**

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:

Natalia Fieber Therapy

Enter Name of the Converting Entity

2. The converting entity is a

S Corp.

(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

Oregon

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

on

08 / 25 / 2022

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**:

Mind over matter Neurofeedback and Counseling 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.

Signed this 14 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:

Natalia Fieber

Printed Name: Natalia Fieber Title: owner / director

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

Signature: Natalia Fieber

Printed Name: Natalia Fieber Title: Incorporator

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: Mind over matter Neurofeedback and Counseling Co.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

4122 Hidden Acres Rd.

Middleburg FL 32068

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide neurofeedback and counseling / therapy  
services to the community.

**ARTICLE IV SHARES**

The number of shares of stock is: none

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Natalia Fieber LMFT

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

Address: 4122 Hidden Acres Rd.  
Middleburg FL 32068

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

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

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

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Natalia Fieber

Address: 4122 Hidden Acres Rd.  
Middleburg FL 32068

\*\*\*\*\*

*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*

Natalia Fieber

Required Signature/Registered Agent

14 Nov 2024

Date

24 OCT 15 PM 9:38

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TALLAHASSEE