

**Secretary of State****Articles of Incorporation with Statement
of Conversion –
Foreign Entity to a California Professional
Corporation****CONV FE-PC**

For Office Use Only

-FILED-

File No.: 6563177

Date Filed: 1/28/2025

IMPORTANT - Read Instructions before completing this form.**Filing Fee - \$150.00****Certification Fee (Optional) - \$5.00**

Note: Most corporations have to pay a minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to ftb.ca.gov.

This Space For Office Use Only**1. Name of Converted California Professional Corporation**(Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)The name of the **converted** California Professional Corporation is**G.I.V.E. Family Counseling, A Professional Corporation****2. Business Addresses of the Converted California Professional Corporation** (Enter the complete business addresses.)

a. Initial Street Address of Corporation - Do not list a P.O. Box.	City (no abbreviations)	State	Zip Code
20351 Irvine Avenue Suite C6	Newport Beach	CA	92660
b. Initial Mailing Address of Corporation, if different than Item 2a.	City (no abbreviations)	State	Zip Code
20351 Irvine Avenue Suite C6	Newport Beach	CA	92660

3. Service of Process (Must provide either Individual **OR** Corporation.)**INDIVIDUAL** – Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation).	Middle Name	Last Name	Suffix
b. Street Address - Do not enter a P.O. Box.	City (no abbreviations)	State	Zip Code
		CA	

CORPORATION – Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b.

Castle Rock Mgmt.**4. Shares** (Enter the **number of shares** the corporation is authorized to issue. **Do not** leave blank or enter zero (0).)

This corporation is authorized to issue only one class of shares of stock.

The total number of shares which this California Professional Corporation is authorized to issue is **1,000****- CONTINUE ON NEXT PAGE -**

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5. Purpose Statement

(Contact the California professional state board or agency that controls your profession to find out if your profession is authorized to be a professional corporation in California. Go to www.dca.ca.gov/about_dca/entities.shtml for more information.)

The purpose of the corporation is to engage in the profession of Marriage and Family Therapy and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations. This corporation is a **professional corporation** within the meaning of California Corporations Code section 13400 et seq.

6. Statement of Conversion for Foreign Entity

6a. Name of the Converting Foreign Entity

DK Wells Therapy, A Professional Corporation

6b. Type of Foreign Entity

Professional Corporation

6c. Jurisdiction of Organization of Converting Foreign Entity (State, foreign country or place where this entity is formed.)

Montana

6d. Foreign Entity's California Secretary of State Entity Number (if qualified)

6e. The foreign entity is authorized to effect the conversion by the laws under which it is formed, and it has approved a plan of conversion or other instrument to effect the conversion as required by the laws under which it is formed. The conversion has been approved by the number or percentage of applicable holders of interest of the foreign entity as is required by the laws under which it is formed.

Sign Below. Do not use computer generated signatures. (See instructions for signature requirements.)

Additional article provisions set forth on attached pages, if any, are incorporated herein by reference and made part of this Form CONV FE-GS. (All attachments should be 8 ½ x 11, one-sided, legible and clearly marked as an attachment to this Form CONV FE-PC.)



Signature of Authorized Person

Matthew White, CPA

Type or Print Name

Signature of Authorized Person

Type or Print Name



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

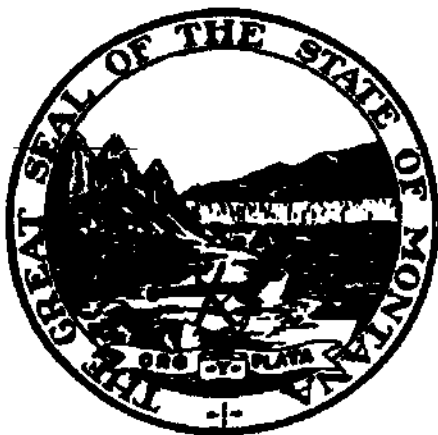
DK Wells Therapy, A Professional Corporation

duly filed its **Articles of Incorporation for Domestic Profit Corporation** in this office on **December 30, 2024**, and on that date was authorized to transact business in this state for a term of perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on the record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 3rd day of January, 2025.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 65315218