

P12000005405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

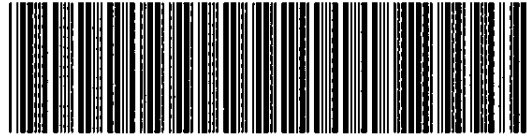
Special Instructions to Filing Officer:

L. SELLERS

JAN 17 2012

EXAMINER

Office Use Only



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01/13/12--01036--019 **113.75

FILED
12 JAN 13 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 11, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Filing Articles of Conversion
AJD Medical, Inc.
LZ order # 502262649

Dear Sir or Madam:

Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$113.75 for the filing fee and certified copy fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc.
100 W. Broadway Suite 100
Glendale, CA 91210

If you have any questions, please call me at (323) 962-8600 ex 7950. Thank you for your help in this matter.

Sincerely,

Tony Burroughs
LegalZoom.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJD Medical, Inc.

(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Barbara Dang

(Contact Person)

Legalzoom.com, Inc.

(Firm/Company)

100 W Broadway Suite 100

(Address)

Glendale, CA 91210

(City, State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang

(Name of Contact Person)

at (323) 962-8600 X 7950

(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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the **"Other Business Entity"** immediately prior to the filing of this Certificate of Conversion is:

AJD MEDICAL LLC

(Enter Name of Other Business Entity)

2. The **"Other Business Entity"** is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, 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 09/08/2008

(Enter date **"Other Business Entity"** was first organized, formed or incorporated)

3. If the jurisdiction of the **"Other Business Entity"** was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

AJD Medical, Inc.

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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12 JAN 13 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 9th day of JANUARY, 2012.

Required Signature for Florida Profit Corporation:

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

Printed Name: Antonio DeCarli Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: Antonio DeCarli Title: managing member

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:

Certificate 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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

AJD Medical, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6564 S. Atlantic Ave., New Smyrna Beach, Florida 32169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Antonio DeCarli, President, Treasurer, Director, 6564 S. Atlantic Ave., New Smyrna Beach, Florida 32169

Mai Loan Graham, Secretary, Director, 6564 S. Atlantic Ave., New Smyrna Beach, Florida 32169

ARTICLE VI REGISTERED AGENT

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

Antonio DeCarli, 6564 S. Atlantic Ave., New Smyrna Beach, Florida 32169

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Antonio DeCarli, 6564 S. Atlantic Ave., New Smyrna Beach,
Florida 32169

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

Deali
Signature/Registered Agent

1/9/12
Date

Deali
Signature/Incorporator

1/9/12
Date