

P/5000084/542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

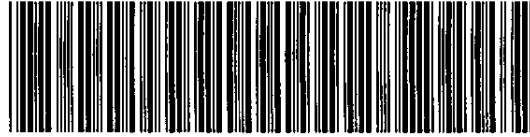
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300277696183

10/07/15--01008--015 **105.00

FILED
15 OCT - 7 PM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2015
S. GILBERT

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: NECBB INTERNATIONAL, LLC
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:

MINELLY PENA

Contact Person

CAPITAL TREE ACCOUNTING SERVICES LLC

Firm/Company

1150 EAST PLANT STREET

Address

WINTER GARDEN FL 34787

City, State and Zip Code

MINELLYPENA@CAPITALTREEACCOUNTING.COM

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

For further information concerning this matter, please call:

MINELLY PENA at (407) 378-6566

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

STREET ADDRESS:

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

MAILING ADDRESS:

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

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

FILED
15 OCT -7 PM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NECBB INTERNATIONAL, 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,
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 01/06/2011
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**:

NECBB INTERNATIONAL, 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.)

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 SEPTEMBER, 2015

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: JOSE CLAVIER Title: MGR

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

X Signature: [Signature]
Printed Name: SOUTH GENETICS, INC Title: MGR

X Signature: [Signature]
Printed Name: JOSE CLAVIER Title: MGR

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)

FILED
15 OCT -7 PM 11:06
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: NECBB INTERNATIONAL, INC

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

Principal street address <u>3250 NE 1ST AVENUE SUITE 305</u> <u>MIAMI, FL 33137</u>	Mailing address, if different is: _____ _____
---	---

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
COMERCIAL SALES AND MARKETING AGENT OF A CORD BLOOD BANK AND COMERCIAL SALES AND
MARKETING AGENT OF GENETICS TESTS

ARTICLE IV SHARES 10,000 @ \$1.00
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>SOUTH GENETCS, INC, PRESIDENT</u>	Name and Title: _____
Address: <u>3250 NE 1ST AVENUE SUITE 305</u>	Address: _____
<u>MIAMI, FL 33137</u>	_____

Name and Title: <u>JOSE CLAVIER, VICE PRESIDENT</u>	Name and Title: _____
Address: <u>5939 BLACKFORD DR</u>	Address: _____
<u>WINDERMERE, FL 34786</u>	_____

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: MINELLY PENA
Address: 1150 EAST PLANT STREET
WINTBR GARDEN, FL 34787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: JOSB CLAVIER
Address: 5939 BLACKFORD DR
WINDERMERE, FL 34786

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

09/16/2015
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

09/16/2015
Date