P18000040082

	(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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COVER LETTER

Division of C	orporations		
SUBJECT: ProHealth	Holding, Inc.		
5600Be11	Name of	Resulting Florida Pro	ofit Corporation
	ate of Conversion, Article a Profit Corporation" in a		nd fees are submitted to convert an "Other Business".1115, F.S.
Please return all corre	spondence concerning thi	s matter to:	
Christina Cheli			
	Contact Person		
Carpenter & Berger PL			
	Firm/Company		
111 SE 12 Street			
	Address		
Fort Lauderdale FL 333	16		
	City, State and Zip Cod	e	
ccheli@carpenterberger	.com		
E-mail address:	(to be used for future ann	ual report notification	n)
For further information	n concerning this matter,	-	
Christina Cheli		_at (2-0121
Name of 0	Contact Person		and Daytime Telephone Number
Enclosed is a check for	or the following amount:		
□ \$105.00 Filing Fee	s \$\B\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fe and Certified Copy	ces \$\square\$ \$122.50 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle	Ne Div P. (W Filings Section vision of Corporations D. Box 6327 lahassee, FL 32314

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

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
Extenders Group Holdings, LLC	116-169437
Enter Name of Other E	Business Entity
2. The "Other Business Entity" is a limited liability company	
(Enter entity type. Example: limited liabi general partnership, common law or busi	
first organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity	, the name of the country)
June 6, 2016 on	
Enter date "Other Business Entity" was firs	organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, organized, formed or incorporated:	the state or country under the laws of which it is now
4. The name of the Florida Profit Corporation as set forth in the g	ttached Articles of Incorporation:
ProHealth Holding, Inc.	
Enter Name of Florida Pr	rofit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to nor more than 90 day Department of State.)	s after the date this document is filed by the Florid
Note: If the date inserted in this block does not meet the applicab	
listed as the document's effective date on the Department of State	s records.

Signed this 24 day of April	. 20 18	
Required Signature for Florida Profit Corporation	<u>n:</u>	
Signature of Chairman, Vice Chairman, Director, Off Incorporator: Printed Name: Christina Cheli Title: Incorp	ficer, or, if Directors or Officers have not been sel	lected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]	
Signature:		
Printed Name: Nancy Bourg	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 Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

The name of the corporation shall be: ProHealth Holding, In	nc.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
621 NW 53 Street Suite 330	
Boca Raton FL 33487	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Any and all lawful business.	
• .	
ARTICLE IV SHARES 15,000	
71,000	
ARTICLE V INITIAL OFFICERS AND/OR DI	
Name and Title:	Name and Title: Jacqueline Porth, Vice President & Secretar
Address: 621 NW 53 Street Suite 330	621 NW 53 Street Suite 330 Address:
Boca Raton FL 33487	Boca Raton FL 33487
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

	e and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name:	Joseph E Carpenter Jr.	
Address:	111 SE 12 Street	
	Fort Lauderdale FL 33316	-
ARTICL		
The <u>name</u> Name:	e and address of the Incorporator is: Christina Cheli	
Address:	111 SE 12 Street	
	Fort Lauderdale FL 33316	
******** Having be	**************************************	**************************************
this certifi	icate, I am familiar with and accept the a	ppointment as registered agent and agree to act in this capacity
<	MMM	4/2/18
6	Required Signature/Registered Agent	Date
		ated herein are true. I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.
٠.	0000) ulacolic
<u> </u>	Required Signature/Incorporator	Date