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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

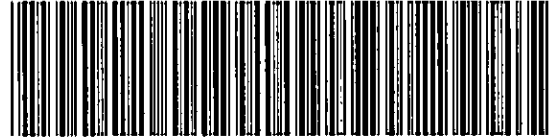
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2020 JUL - 7 AM 11:50  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** BSHill 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:

Bridgette Hill

\_\_\_\_\_  
Contact Person

BSHill LLC dba Bridgette Hill

\_\_\_\_\_  
Firm/Company

310 NW 1st Street

\_\_\_\_\_  
Address

Delray Beach, FL 33444

\_\_\_\_\_  
City, State and Zip Code

bridgette@bridgettehill.com

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

For further information concerning this matter, please call:

Loetitia McMillion

at ( 561 ) 354-1063

\_\_\_\_\_  
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

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 12, 2020

BRIDGETTE HILL  
310 NW 1ST STREET  
DELRAY BEACH, FL 33444

SUBJECT: BSHILL, INC  
Ref. Number: W20000052601

We have received your document for BSHILL, INC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please complete correct conversion application and balance due is \$45. We do not file bi-laws.,

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 220A00010704

**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:

BSHILL, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC (L17-56447)  
(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 3/10/17  
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:

Florida

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

BSHill, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: May 16, 2020

(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.

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2020 JUL -7 AM 11:50  
STATE OF FLORIDA  
TALLAHASSEE

Signed this 15 day of June, 2020.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Bridgette Hill Title: CEO

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

Signature: Bridgette Hill

Printed Name: Bridgette Hill Title: CEO

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)

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2020 JUL -7 AM 11:50  
TALLAHASSEE, FL

**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: BSHILL, INC

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

310 NW 1st Street

Delray Beach, FL 33444

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in any lawful activity for which corporations may be incorporated in the state of Florida

**ARTICLE IV      SHARES**

The number of shares of stock is: 100

**ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Bridgette Hill, CEO /board member

Address: 310 NW 1st Street

Delray Beach, FL 33444

Name and Title: AMG Healthcare Inc, officer

Address: 1914 NW 84th Avenue

Doral FL 33126

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

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

Name and Title: Marc Gunn, Chairman

Address: 310 NW 1st Street

Delray Beach, FL 33444

Name and Title: Loetitia Mcmillon, board member

Address: 12060 NE 16th Avenue #6-306

Miami, FL 33161

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

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

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TALLAHASSEE, FL

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: Dedrick D. Straghn

Address: 26 SW 5th Avenue

Delray Beach, FL 33444

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bridgette Hill

Address: 310 NW 1st Street

Delray Beach, FL 33444

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: May 16, 2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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.

*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:*

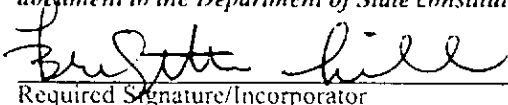


Required Signature/Registered Agent

5/18/2020

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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

5/16/20

Date

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DEPT. OF STATE, FL