

L14000155704

(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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DEPARTMENT OF STATE
BUREAU OF CONSULAR AFFAIRS
2014 OCT -3 PM 4:33
TO HONORARY CONSUL
SUFFRANCY OF POLAND

OCT 06 2014
J. HARRIS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT -3 PM 3:54



October 3, 2014

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9300916 SO
Customer Reference 1: 45270
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

ICELAND HEALTH, INC. (FL)
Conversion
Florida

ICELAND HEALTH, LLC (FL)
Formation
Florida

ICELAND HEALTH, INC. (FL)
Obtain Document - Misc - Certified Copy of Conversion
Filing
Florida

ICELAND HEALTH, LLC (FL)
Certificate of Status-Domestic
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
ICELAND HEALTH, INC. P09000101001
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of FLORIDA
on DECEMBER 16, 2009 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
ICELAND HEALTH, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to date of receipt or filed date 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 Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

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DIVISION OF CORPORATIONS
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Signed this 3rd day of October 2014

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: JOSE MINSKI Title: MANAGER

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

Signature: [Signature]
Printed Name: JOSE MINSKI Title: PRESIDENT, SECRETARY & DIRECTOR

Signature: [Signature]
Printed Name: MEYER MINSKI Title: VICE PRESIDENT, ASST. SECRETARY & DIRECTOR

Signature: [Signature]
Printed Name: RUBEN MINSKI Title: VICE PRESIDENT & ASST. SECRETARY

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

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.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ICELAND HEALTH, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1301 Sawgrass Corporate Pkwy.
Sunrise, FL 33323

Mailing Address:

1301 Sawgrass Corporate Pkwy.
Sunrise, FL 33323

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JOSE MINSKI

Name

1301 Sawgrass Corporate Pkwy.

Florida street address (P.O. Box **NOT** acceptable)

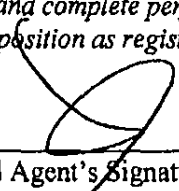
Sunrise

City

FL 33323

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

MGR

~~SUNRISE, FL 33323~~

~~Sunrise, FL 33323~~

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