# L2000018183)

(Re	equestor's Name)	
(Ac	dress)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
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Office Use Only

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SECCEPTOR PHII: 43



# FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2020

SIDNEY COUPET PO BOX 91 HALLANDALE, FL 33009

SUBJECT: SPARK HEALTH, INC. Ref. Number: W20000000865

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This file it

energy him to file it

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

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

Please return 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.

Keyna E Page Regulatory Specialist II

Letter Number: 220A00011864



May 18, 2020

SIDNEY COUPET PO BOX 91 HALLANDALE, FL 33009

SUBJECT: SPARK HEALTH, INC. Ref. Number: W20000000865

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

There is a fee of \$150.00 due.

Please return 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.

Keyna E Page Regulatory Specialist II

7070 30 10

Letter Number: 620A00010027

JUN 15 PH 3: 04



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2020

SIDNEY COUPET PO BOX 91 HALLANDALE, FL 33009

SUBJECT: SPARK HEALTH, INC. Ref. Number: W20000000865

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

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(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.

Please return 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.

Keyna E Page Regulatory Specialist II

Letter Number: 620A00002597

www.sunbiz.org

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January 6, 2020

SIDNEY COUPET PO BOX 91 HALLANDALE, FL 33009

SUBJECT: SPARK HEALTH, INC. Ref. Number: W20000000865

We have received your document for SPARK HEALTH, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMITTED THE FORMS AND FEES THAT WOULD CONVERT YOU OUT OF THE STATE OF FLORIDA. I HAVE ATTACHED THE CORRECT FORM FOR YOU TO FILL OUT. PLEASE SUBMITT THE CORRECT FOR WITH THE PROPER AMOUNT OF MONEY FOR THE FILLING.

There is a fee of \$106.25 due.

Please return 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.

Keyna E Page Regulatory Specialist II

> RECEIVED 2020 JAN 28 AM IO: 15

Letter Number: 220A00000217

## **Articles of Conversion**

For

#### "Other Business Entity"

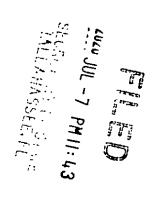
Into

#### 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:  Space Holder Toc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (P15 - 4)6942 (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 (Enter state, or if a non-U.S. entity, the name of the country) on $\frac{5/27/2015}{\text{(date of organization, formation or incorporation)}}$
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  SPARH Health LLC
4. If not effective on the date of filing, enter the effective date: \(\frac{12}{6}\)\(\frac{13}{2}\)\(1
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.



Signed this d3 day of January	20 20 .	
Signature of Authorized Representative of I/in		
l /		
Signature of Authorized Representative:	~ ( 1/2 - 1/2 -	
Signature of Authorized Representative: Printed Name: Sidney Cospet	Tille Presider	
Signature(s) on behalf of Other Business Entity:	:	naturo(s)
Signature:		
Signature: Signature: Signature: Printed Name: Signature	Title: President	
Signature: _		
Signature:Printed Name:	Title	
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Signature:Printed Name:	724	
	1100.	-
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In	icorporator must sign.	
If Florida General Partnamekia and the territoria	. n	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	
c solution and c		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
All othors.		
All others: Signature of an authorized person.		
organicate of an aumorized person.		
Fees:		St. J.K
Articles of Conversion:	\$25.00	C Pan
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
		PH 117
		· · · · · ·

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SPARY HEWTH LLE (Musi contain the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
100 East Somple road Suite 300 Pumpano Brach Fr 33064	P.O. Box 91 Thlimdolp Beach FL 33009
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
Sidner Coupet	
1776 Pulk St. 1	APHAJOZ
Florida street address (P.O.	Box NOT acceptable)
Moll Mood City	FL 33020
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regi.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
(CONTINU	

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

"AMBR" = Authorized Member "MGR" = Manager			
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		A ST COLOR	
(Use attachment if necessary)		JUL .	,
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FICLE V: Other provisions, if any,		<b>P)</b>	5.75
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		<u>်း</u> င်း	
			_
REQUIRED SIGNATURE:			

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony

approvided for in s.817.155, F.S.

Josep 0 ト Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent