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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

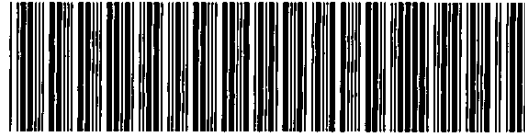
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health & Hope Institute, P.A.
(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:

Guiderman Posso
(Contact Person)

Health and Hope Institute, LLC.
(Firm/Company)

101 Lake Hayes Rd, Ste 105
(Address)

Oviedo, FL 32765
(City, State and Zip Code)

For further information concerning this matter, please call:

Guiderman Posso at (407) 366-0330
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|---|

STREET ADDRESS:

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

MAILING ADDRESS:

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

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:

Health and Hope Institute, 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, sole proprietorship, 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 04/01/2004

(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:

N/A

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

Health & Hope Institute, P.A.

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: 03/25/2004
(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.)

Signed this 27 day of September, 20 07.

Signature: Claudia Chica-Posso
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)

Printed Name: Claudia Chica-Posso Title: MGM

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)

ARTICLE I NAME

The name of the corporation shall be:

Health & Hope Institute, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

101 Lak Hayes Rd, Ste 105
Oviedo, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OUTPATIENT/INPATIENT HEALTH CARE SERVICES INCLUDING, BUT NOT LIMITED TO: ACUPUNCTURE, PHYSICAL THERAPY, CRANIO-SACRAL THERAPY, THERAPEUTIC NUTRITION, PROLO THERAPY, SPA, ESTHETIC SERVICES AND ORGANIC STORE.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Claudia P. Chica-Posso President
Guiderman Posso Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Guiderman Posso 166 W 11th Street Chuluota, FL 32766

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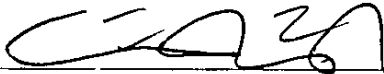
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TMI GROUP, LLC
101 LAKE HAYES RD, STE 105 OVIEDO, FL 32765

*****:*****

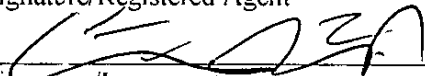
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

09-27-2007

Date



Signature/Incorporator

09-27-2007

Date

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