P09000061433

(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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AUG - 6 2009

EXAMINER

700158338027

08/05/09--01008--021 **105.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG -5 AM 6:35

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** KARMA NURSING, CORP.
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:

MARIA SANCHEZ-BALLINA
Contact Person

Firm/Company

2451 SW 138 CT
Address

MIAMI, FL 33175
City, State and Zip Code

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

For further information concerning this matter, please call:

MARIA SANCHEZ-BALLINA at ( 305 ) 343-1537
Name of Contact Person — *Area Code and Daytime Telephone Number*

Enclosed is a check for the following amount:

- [x] $105.00 Filing Fees
- [ ] $113.75 Filing Fees and Certificate of Status
- [ ] $113.75 Filing Fees and Certified Copy
- [ ] $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.

09 AUG -5 AM 6:35
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

KARMA NURSING, LLC.
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(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 06/22/2009.
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:

_____.

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

KARMA NURSING, CORP.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: ~~07/31/2009~~.
**(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 3RD day of AUGUST, 20 09.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____
Printed Name: MARIA S-BALLINA Title: PRESIDENT

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

Signature: _____
Printed Name: MARIA SANCHEZ-BALLINA Title: MGRM

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) |

# 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:

KARMA NURSING, CORP.

***ARTICLE II PRINCIPAL OFFICE***
The principal place of business/mailing address is:

2451 SW 138 CT
MIAMI, FL 33175

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

***ARTICLE IV SHARES***
The number of shares of stock is:

100 SHARES

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***
List name(s), address(es) and specific title(s):

MARIA SANCHEZ-BALLINA
2451 SW 138 CT
MIAMI, FL 33175

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

MARIA SANCHEZ-BALLINA
2451 SW 138 CT
MIAMI, FL 33175

***ARTICLE VII INCORPORATOR***
The **name and address** of the Incorporator is:

MARIA SANCHEZ-BALLINA
2451 SW 138 CT
MIAMI, FL 33175

**********

*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 — Date: 08/03/2009

Signature/Incorporator — Date: 08/03/2009