

PO9000079015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

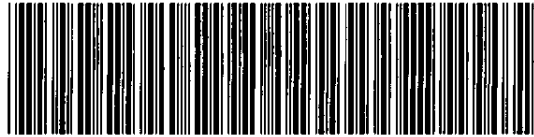
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100160832881

*cert of conv. to me*

09/22/09--01008--021 \*\*122.50

*ccs*

*PO9-79015*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP 22 PM 1:00

FILED

N. CAUSSEAU

SEP 23 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Harmony Health and Acupuncture Inc.

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:

David Gaynes

Contact Person

David M. Gaynes, PA

Firm/Company

4327 South Highway 27, #404

Address

Clermont, Florida 34711

City, State and Zip Code

gaynesd@msn.com

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

For further information concerning this matter, please call:

David M. Gaynes, Esq

Name of Contact Person

at ( 407 )

Area Code and Daytime Telephone Number

404-4215

Enclosed is a check for the following amount:

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

FILED  
09 SEP 22 AM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Harmony Health and Acupuncture LLC

LO9-72097

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, 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 July 28, 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:

Florida

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

Harmony Health and Acupuncture Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(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 14th day of September, 2009.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Janean Hamilton Title: Director

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

Signature: Janean Hamilton  
Printed Name: Janean Hamilton Title: Director

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  
OF  
HARMONY HEALTH AND ACUPUNCTURE INC.**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE 1  
NAME OF CORPORATION**

The name of the corporation shall be HARMONY HEALTH AND ACUPUNCTURE, INC.

**ARTICLE 2  
PRINCIPAL OFFICE**

The principal place of business of the corporation shall be:  
301 N. BAKER STREET  
SUITE 103  
MT. DORA, FLORIDA 32757

**ARTICLE 3  
MAILING ADDRESS OF THE CORPORATION**

2638 MCDONALD TERRACE  
MT. DORA, FLORIDA 32757

**ARTICLE 4  
PURPOSE**

The purpose of this corporation is the transaction of any and all lawful business for which corporations may be incorporated in this state.

**ARTICLE 5  
CAPITAL STOCK**

The total number of shares, which the corporation is authorized to issue is 500 shares. Shares shall be of a single class and have a par value of \$1.00.

**ARTICLE 6  
NAME AND ADDRESS OF REGISTERED AGENT**

David Gaynes, Esquire  
4327 South Highway 27  
Suite 404  
Clermont, Florida 34711

FILED  
09 SEP 22 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE 7  
INITIAL BOARD OF DIRECTORS**

This corporation shall have one director initially. The number of directors may be increased or decreased from time to time by the by-laws but never shall be less than one. The name and address of the initial director is:

JANEAN HAMILTON  
2638 MCDONALD TERRACE  
MT. DORA, FLORIDA 32757

**ARTICLE 8  
NAME AND ADDRESS OF INCORPORATOR**

David M. Gaynes, Esq.  
4327 South Highway 27  
Suite 404  
Clermont, Florida 34711

FILED  
09 SEP 22 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTILCE 9  
BY-LAWS**

The power to adopt, alter, amend, or repeal By-Laws shall be vested in the Board of Directors and the stockholders.

**ARTICLE 10  
AMENDMENTS**

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any amendment hereto and any right conferred to the stockholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has hereunto executed these Articles of Incorporation, this 13<sup>TH</sup> day of September, 2009.



.....  
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 appointment as registered agent and agree to act in this capacity.

  
Signature/Registered Agent

9/13/09  
Date

  
Signature/Incorporator

9/15/09  
Date