

P10000077542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

L1-69296

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

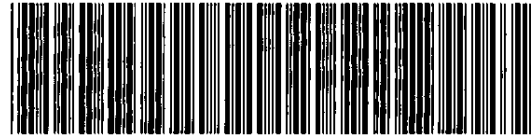
W1-44390

A. LUNT

SEP 23 2010

EXAMINER

Office Use Only



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09/20/10--01019--027 **105.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2010

GUSTAVO N GARRIDO
6055 SW 29TH ST.
MIAMI, FL 33155-4063

SUBJECT: 305 MEDICAL CARE, INC.
Ref. Number: W10000044390

We have received your document for 305 MEDICAL CARE, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the specific title in section "v".,

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 610A00022530

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: AMADO LEGUILLLOW
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: AMADO LEGUILLLOW, CEO
Name (Printed or typed)

3936 NW 7TH AVE
Address

MIAMI, FLORIDA 33168
City, State & Zip

(786) 360-3803
Daytime Telephone number

305medicalcare@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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:

305 MEDICAL CARE 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, 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 JUNE 29TH 2010

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:

NO CHANGE AT ALL

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

305 MEDICAL CARE, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JUNE 29TH 2010.
(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.)

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TALLAHASSEE, FLORIDA

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Signed this 14 day of SEPTEMBER, 2010.

Required Signature for Florida Profit Corporation:

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

Printed Name: GUSTAVO N GARRIDO Title: INCORPORATOR

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

Signature: Suzzane L Colandrea
Printed Name: SUZZANE L COLANDREA Title: OWNER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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TALLAHASSEE, FLORIDA

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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:

305 MEDICAL CARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

13936 NW 7TH AVE

MIAMI, FL. 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OVERSEE THE BUSINESS OF 305 MEDICAL CARE INC.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

AMADO
LEGUILLLOW,CEO
3020 S.FED HWY
FT. LAUDERDALE,
FLORIDA, 33316

ARTICLE VI REGISTERED AGENT

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

AMADO LEGUILLLOW

3020 S.FED HWY

FT. LAUDERDALE, FLORIDA, 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AMADO LEGUILLLOW

3020 S.FED HWY

FT. LAUDERDALE, FLORIDA, 33316

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

Signature/Incorporator

09/08/2010

Date

09/08/2010

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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