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SECRETARY OF STATE
SECRETARY OF FLORIDA

J. BRYAN

NOV 24 2010

**EXAMINER** 

# **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: FY	ee Health Name of R	esulting Florida Profit Corp	poration	_	
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 corre	espondence concerning	g this matter to:			
Lonath	Contact Person	eit			
Free Hea	H Inc Firm/Company			10 N	
1128 Raja	1 Ralm Beach	Blvd, Suite	138	NOV 23 A	
Royal Paly	n Blach, Flity, State and Zip Code	33411		AM II: 57	
Lemail address: (to	ceheath.co	eport notification)			
For further information	on concerning this mat	ter, please call:			
Jonathan: Name of Con	Edelheit tact Person	at (50) Area Code and Daytin	92.4418 me Telephone Number	_	
Enclosed is a check f	or the following amou	nt:			
\$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 Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle	MAILING A Registration S Division of C P. O. Box 633 Tallahassee, I	Section Torporations 27		

### **Certificate of Conversion**

For

## "Other Business Entity"

Into

#### Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
Free Health LLC #L08000055964. Enter Name of Other Business Entity
2. The "Other Business Entity" is a
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 Ollo 2008 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 <u>attached Articles of Incorporation:</u>
Free Health 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.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 11th day of MOVEMBE					
Signed this 11' day of 4 (OVEVILY)	, 20 10.				
Required Signature for Florida Profit Corporati Individual signing affirms that the facts stated in thi a third degree felony as provided for in s.817.155, F	s document are true. Any false information con	nstitutes			
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:  Printed Name:					
Required Signature(s) on behalf of Other Business stated in this document are true. Any false informat s.817.155, F.S. [See below for required signature(s).]	ion constitutes a third degree felony as provide				
Signature: Printed Name: 1000-thon Edelhert	Title: President				
Signature: Printed Name:	_ Title:				
Signature:Printed Name:	_ Title:	•			
Signature:Printed Name:	_ Title:	MN 23 MII: 57			
Signature:Printed Name:	_Title:	田田田			
Signature:Printed Name:	_ Title:	<u>5</u>			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:				
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.					
All others: Signature of an authorized person.					
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$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:	Free Health Inc.	
ARTICLE II PRINCIPAL OFFI	ICE	
1128 Poyo Folio Suite 138	nBeach Blvd. U281	iling address, if different is: Royal Palm Beach, Blvd Lias Beach, FL 38411
ARTICLE III PURPOSE		
The purpose for which the corporation is		
Any and all lo	surful business.	
ARTICLE IV SHARES The number of shares of stock is: \ \( \)	200	
	RS AND/OR DIRECTORS	
Name and Title: Touther Control Address:		7A S 6
Name and Title:	Name and Title:	ARE OV
A diducaci	Address:	(a)≥ N
		E O A I
	Name and Title:	Fs = O
Address:	Address:	0R 5
		<u> </u>
	Ten s. W.	
The name and Florida street address (		is:
Name: Jost Address: 1128 K	2.0. Box NOT acceptable) of the registered agent in Edither +  Syc Palm hum film 5 mk 138  Can Beach, FL 33411	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the <u>Inc</u> orporate Name:	or is:	
	I Pala Beach Alud Su te 138	
Address: 1128 Royal Pu	Train General Glad Duile 130	
	t to accept service of process for the above stated ccept the appointment as registered agent and age 	
- Harming I		8/10
Required Signature/Registe	red Agent Date	•
I submit this document and affirm that	the facts stated herein are true. I am aware the	at any false information submitted in a
document to the Department of State con	nstitutes a third degree felony as provided for in s	.817 <sub>j</sub> 155, F.S.
	<u> </u>	7/10
Required Signature/Incorpo	rator Date	<del>/ ' -</del>
- Noquired Digitature illedipo	Date	•