#P11000026116

(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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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 16 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2011

TAMESHA LITTLE-LEWIS
2614 DECK AVE.
KISSIMMEE, FL 34741

SUBJECT: REMEDY HEALTHCARE SOLUTIONS LLC
Ref. Number: L10000103115

We have received your document for REMEDY HEALTHCARE SOLUTIONS LLC and your check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 411A00005027

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2011

REMEDY HEALTHCARE SOLUTIONS LLC
TAMESHA LITTLE-LEWIS
3373 WEST VINE ST., STE. 204
KISSIMMEE, FL 34741

SUBJECT: REMEDY HEALTHCARE SOLUTIONS LLC
Ref. Number: L10000103115

We have received your document for REMEDY HEALTHCARE SOLUTIONS LLC and your check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

The articles of incorporation must be signed by the incorporator.

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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 011A00003171

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REMEDY HEALTHCARE SOLUTIONS, LLC
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:

TAMESHA LITTLE-LEWIS
Contact Person

REMEDY HEALTHCARE SOLUTIONS, LLC
Firm/Company

3373 WEST VINE STREET, SUITE 204
Address

KISSIMMEE, FL, 34741
City, State and Zip Code

tlittle@remedyhealthcare.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMESHA LITTLE-LEWIS at (407) 496-7664
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $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

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11 MAR 14 PM 2:48
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:

REMEDY HEALTHCARE SOLUTIONS LLC #L10000103115.
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 10/4/2010.
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:

NONE.

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

REMEDY HEALTHCARE SOLUTIONS, 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 20 day of JANUARY, 20 11.

Required Signature for Florida Profit Corporation:
Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer or if Directors or Officers have not been selected, an Incorporator: Tamesha Little-Lewis
Printed Name: TAMESHA LITTLE-LEWIS Title: CEO

Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: Tamesha Little-Lewis
Printed Name: Tamesha Little-Lewis Title: CEO

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: REMEDY HEALTHCARE SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
3373 WEST VINE STREET	
SUITE 204	
KISSIMMEE, FL 34743	

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

HOME HEALTHCARE AGENCY

ARTICLE IV SHARES
The number of shares of stock is: 100,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JAMES LEWIS	Name and Title:	
Address:	COO	Address:	
	2614 DECK AVE		
	KISSIMMEE, FL 34743		
Name and Title:	TAMESHA LITTLE-LEWIS	Name and Title:	
Address:	CEO/DIRECTOR	Address:	
	2614 DECK AVE		
	KISSIMEE, FL 34743		
Name and Title:		Name and Title:	
Address:		Address:	
			TAMESHA LITTLE-LEWIS

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TALLAHASSEE, FLORIDA

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

Name:	TAMESHA LITTLE-LEWIS
Address:	2614 DECK AVE
	KISSIMMEE, FL 34743

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

Name:	TAMESHA LITTLE-LEWIS
Address:	2614 DECK AVE
	KISSIMMEE, FL 34743

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

Tamesha Little-Lewis — Required Signature/Registered Agent
11/20/2011 — Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[signature] — Required Signature/Incorporator
3/6/2011 — Date