# P12000001173

		Requestor	s Name)	
	(/	Address)		
	(,	Address)		
	((	City/State/2	Zip/Phone	· #)
* .	PICK-UP		<b>W</b> AIT	MAIL
	(1	Business E	ntity Nam	ne)
		Document	Number)	
Certifi	ed Copies	c	ertificates	of Status
Spe	cial Instructions	to Filing Of	ficer:	
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Office Use Only



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T. CLINE

JAN - 5 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Ascendant Health		<del></del>
	Name of Resulting Florida Profit Corporation	
	version, Articles of Incorporation, and fees are submit Florida Profit Corporation" in accordance with s. 607.	
Please return all correspondence	concerning this matter to:	
Nancy Brown		
Contact Per	rson	
Firm/Comp	pany	
32 SE 2 Avenue, #547		
Delray Beach, FL 33444  City, State and	Zip Code	2012 \$\$\$
nbrown68@gmail.com E-mail address: (to be used for fut	ture annual report notification)	2012 JAN -3 SEGGETARY ALLEGATASSE
For further information concerning	ng this matter, please call:	E. FLORIDA
Nancy Brown	at ( 561 ) 271-5404	
Name of Contact Person	Area Code and Daytime Telephone Number	<b>&gt;</b> —
Enclosed is a check for the follow	wing amount:	
☑ \$105.00 Filing Fees ☐ \$113.75 F and Certifica Status		i,
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## **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: $\frac{1}{2} \times \frac{1}{2} = \frac{1}{2} = \frac{1}{2} \times \frac{1}{2} = \frac{1}{2} = \frac{1}{2} \times \frac{1}{2} = \frac{1}{2} = \frac{1}{2} \times \frac{1}{2} = \frac{1}{2} =$
Ascendant Health, LLC L 11 – 30699
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 II S entity the name of the country)
on 3/14/2011
Enter date "Other Business Entity" was first organized, formed or incorporated
on 3/14/2011  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 <u>attached Articles of Incorporation:</u>
Ascendant 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.

n Nagaria			
Signed this <u>28</u> day of <u>December</u>	, 20_11		
Required Signature for Florida Profit Corporation Individual signing affirms that the facts stated in the athird degree felony as provided for in s.817.155, F	is document are true. Any false informa	tion constitutes	
Signature of Chairman, Vice Chairman, Director, Conselected, an Incorporator:  Printed Name: Nancy Brown  Title:	Officer, or, if Directors or Officers have President / FNCORPORATOR	not been	
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).]  Signature:  Printed Name: Nancy Brown	ion constitutes a third degree felony as		
Printed Name: Nancy Brown	Title: Managing Member		
Signature:Printed Name:			
Signature:Printed Name:	_ Title:		
Signature:Printed Name:	Title:	2012 SEP	
Signature:Printed Name:	Title:	2012 JAN -3 SEONETARY	ectors:
Signature:Printed Name:	_ Title:	11.7	TI C
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL 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)

Principal street address  32 SE 2 Avenue  Unit 547  Delray Beach, FL 33444  ARTICLE III PURPOSE The purpose for which the corporation is organized is:  Any and all lawful business  ARTICLE IV SHARES The number of shares of stock is: 1,000,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Nancy frown, President  Address: 32 SE 2 Avenue Address: 100 Add	The name of the cor	rporation shall be: Ascendant F	lealth, Inc.	
32 SE 2 Avenue    Unit 547   Debtoy Beach, Ft. 33444   ARTICLE III PURPOSE   The purpose for which the corporation is organized is:  Any and all lawful business    ARTICLE IV SHARES     The number of shares of stock is: 1,000,000   ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS     Name and Title:   Na	ARTICLE II			
Luns 547  Dolling Blanch, Fl. 33444  ARTICLE III PURPOSE The purpose for which the corporation is organized is:  Any and all lawful business  ARTICLE V SHARES The number of shares of stock is: 1,000,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Seep Seep Seep Seep Seep Seep Seep Se		Principal street address	Mailing addr	ess, if different is:
Deltay Boach, Ft. 33444  ARTICLE III PURPOSE The purpose for which the corporation is organized is:  Any and all lawful business  ARTICLE IV SHARES The number of shares of stock is: 1,000,000  ARTICLE V INITAL OFFICERS AND/OR DIRECTORS  Name and Title: Many Boach, Ft. 33444  Address:	32 SE 2 A	Avenue		
ARTICLE II PURPOSE The purpose for which the corporation is organized is:  Any and all lawful business  ARTICLE IV SHARES The number of shares of stock is: 1,000,000  ARTICLE V INITAL OFFICERS AND/OR DIRECTORS  Name and Title: Many Form, Pensonre  Address: Mark and Title: Mark and Titl				
Any and all lawful business  ARTICLE IV SHARES The number of shares of stock is: 1,000,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Address: 23 82 2 Amount Address: 120 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Delray Bea	ch, FL 33444		
ARTICLE IV SHARES The number of shares of stock is: 1,000,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Name and Title: Mane and Title: Ma	ARTICLE III	PURPOSE		
The number of shares of stock is: 1,000,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Name Program Program Program  Address: 32 SE 2 Avenue Address:	The purpose for wh	nich the corporation is organized is:		
The number of shares of stock is: 1,000,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Nanoy Brown Production.  Address: 32 82 2 Avenue Address: 32 Avenue Address: Address: 32 Avenue Address: Address: Address: 32 Avenue Address: 32 Avenue Address: Address: 32 Avenue Address: 32 Av	Any and all la	wful business		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title; Name, Prosident  Address:  23 SE 2 Avenue  Address:  Detroy Bench, FL 33444  Name and Title:  Name and Title:  Address:  Address:  Address:  Name and Title:  Address:  Address:  Name and Title:  Address:  Name and Title:  Address:  Add	ARTICLE IV	SHARES		
Name and Title: Name, Pressusant Address: 12 SE 2 Avenum Address: 12 SE 2 Avenum Address: 15 SE 2 Aven	The number of shar	es of stock is: 1,000,000		
Address:    Detay Beach, Fl. 33444				
Address:    Deltay Beach, Fl. 33444	Name and Ti	[e: Nancy Brown, President	Name and Title:	
Name and Title:  Address:  Name:  Name Name Address  See 2 Ave. Unit 147  Defuzy Boach. FL 33444  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Name:  Name:  Address:  Add	Address:	32 SE 2 Avenue	Address:	
Name and Title: Address: Address: Address: Address:  Name and Title: Address: Addres		Unit 547		
Name and Title: Address: Address: Address: Address:  Name and Title: Address:  Name and Title: Address: Address		Delray Beach, FL 33444		
Name and Title: Address: Address:  Name and Title: Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Name: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: Defray Boach, F. B 33444  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name: Address: 32 SE 2 Ave. Unit 547 Defray Boach, F. B 33444  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  Acceptable  Address:				
Name and Title:  Address:  Name and Title:  Address:  Address:  Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Name:  Name Bown  Address:  32 SE 2 Ave. Unit 547  Deliny Boach. FL 33444   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Namey Bonen. FL 33444  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  Mall  Required Signature/Registered Agent  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.	Name and Ti	tle:	Name and Title:	255 (MA) (MA)
Name and Title: Address: Asset See 2 Ava. Unit 547 Duriny Boach, FL 33444  ARTICLE VII INCOPPORATOR The name and address of the Incorporator is: Name: Address: All See 2 Ava. Unit 547 Delray Boach, FL 33444  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  Address: Address: Address: Address: Address: All 2820tt  Address: Address: Address: Address: All 2820tt  Address: Agentic VII INCORPORATOR  The name and address of the Incorporator is: Address: Add			Address:	50 40 / 54
Name and Title: Address: Address: Address: Address: Address: Address: Address: Address:  Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: Name; Name; Brown Address: Addre				
Name and Title:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Name:  Name:  Name:  Address:  Sas BE 2 No. Unit 547  Defray Beach, Ft. 33444   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Address:  Sas E2 No. Unit 547  Defray Beach, Ft. 33444   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  Maculian Signature/Registered Agent  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.				
Name and Title:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Name: Name: Name: Name: Name: Name: Name: Address:  Name: Address:  Name: Address:  Address:  Name: Address:  Name: Address:  Address:  Address:  Name: Address:  Addr				miller and the second
Address:  Address:  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Name: Name: Name: Name: Name: Name: Name: Name: Address:  Sase 2 Ave. Unit 547 Deliny Beach. FL 33444  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name: Address: Sase 2 Ave. Unit 547 Deliny Beach. FL 33444  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  Required Signature/Registered Agent  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.	Name and Ti	tle:	Name and Title:	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Name; Name; Particle VII INCORPORATOR  The name and address of the Incorporator is:  Name: Name;			A 1.1	© m 🕨
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Address:    Name:   N				***
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Address:    Name:   N			· · · · · · · · · · · · · · · · · · ·	
Name:				
Address:    32 SE 2 Ave, Unit 547     Delray Beach, FL 33444		rida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Name:  Address:  32 SE 2 Avo, Unit 547  Delray Boach, FL 33444  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    Application		Nancy Brown		
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Name:  Address:  32 SE 2 Ave. Unit 547  Delivay Beach, FL 33444  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  Required Signature/Registered Agent  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.	Address:	32 SE 2 Ave, Unit 547		
The name and address of the Incorporator is:  Name: Name: Address:  Nancy Brown Address:  Address:  Name: Address:  Name: Address:  Nancy Brown  Address:  Name: Address:  Name: Address:  Name: Address:  Name: Name: Address:  Name: Nam		Delray Beach, FL 33444		
The name and address of the Incorporator is:  Name: Name: Address:  Nancy Brown Address:  Address:  Name: Address:  Name: Address:  Nancy Brown  Address:  Name: Address:  Name: Address:  Name: Address:  Name: Name: Address:  Name: Nam	ARTICLE VII	INCORPORATOR		
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Required Signature/Registered Agent  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.    2   28   28   1	this certificate. Lax	n familiar with and accept the appointme	ent as registered agent and agree to act	in this capacity
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