

P12000009328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

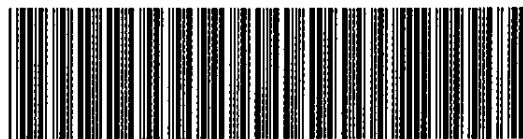
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100219356051

01/26/12--01027--011 \*\*105.00

EFFECTIVE DATE 01-25-12

GOVERNMENT STATE  
TALLAHASSEE, FLORIDA

12 JAN 25 AM 11:05

FILED

B. BOSTICK  
JAN 27 2012  
EXAMINER



## **iMD Companies, Inc.**

January 24, 2012

Florida Division of Corporations  
Clifton Bldg  
2661 Executive Center Cr.  
Tallahassee, FL 32301

To whom it may concern;

The name IMD Companies, Inc. belongs to the entity now named Optimum Mobile Imaging Corp. FL document # P08000023302, formerly IMD Companies, Inc. The entity on the change documents enclosed, Positive Solutions Centers, LLC , FL document # L09000122044, is a wholly owned subsidiary of Optimum Mobile Imaging Corp. As a part of restructuring Positive Solution Centers LLC will be changed to IMD Companies, Inc. a FL corporation.

The parent company is aware of the changes and will allow for the name to be used by the subsidiary. there will not be any confusion for the public since both companies use the same address and contact information and are under the same ownership.

Please let me know if you have any questions or if I can clarify any points.

Sincerely,

  
Saeb Jannoun  
CEO  
Optimum Mobile Imaging Corp.  
IMD Companies, Inc.  
Saeb@imdcos.com

FILED  
12 JAN 25 AM 11:05  
TALLAHASSEE, FLORIDA  
STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IMD Companies, 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:

Saeb Jannoun

Contact Person

IMD Companies, Inc.

Firm/Company

14310 N. Dale Mabry Hwy, Suite 300

Address

Tampa, FL 33618

City, State and Zip Code

saeb@imdcos.com

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

For further information concerning this matter, please call:

Seab Jannoun at ( 813 ) 962-4181

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

RECEIVED  
TALLAHASSEE, FLORIDA

12 JAN 25 AM 11:05

617770

**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:

Positive Solutions Centers, LLC

Enter Name of Other Business Entity

L09000122044

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 12/24/2009

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:

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

IMD Companies, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: January 25, 2012

(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.

FILED  
JAN 25 AM 11:00  
TALLAHASSEE, FLORIDA

Signed this 24 day of January, 20 12.

**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: \_\_\_\_\_

Printed Name: Saeb Jannoun Title: Incorporator

**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: \_\_\_\_\_  
Printed Name: Optimum Mobile Imaging Corp. Title: MGRM

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)

FILED  
12 JAN 25 AM 11:05  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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: **IMD Companies, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
14310 N. Dale Mabry Hwy, Suite 300

Tampa, FL 33618

Mailing address, if different is:

**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: 100,000,000 shares of common stock

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mark Pena

**ARTICLE VI REGISTERED AGENT**

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

Name: Mark Pena  
Address: 334 S. Hyde Park Ave  
Tampa, FL 33606

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Seab Jannoon  
Address: 14310 N. Dale Mabry Hwy, Suite 300  
Tampa, FL 33618

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

1/24/12  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Required Signature/Incorporator

1/24/2012  
\_\_\_\_\_  
Date

If not effective on the date of filing, enter the effective date: January 25, 2012

FILED  
12 JAN 25 AM 11:05  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA