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| PICK-UP                          | WAIT MAIL              |
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| Certified Copies C               | Pertificates of Status |
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| Special Instructions to Filing O | Officer:               |
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B. BOSTICK

MAY 26 2012

**EXAMINER** 

## **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:  |
|---|
| UNIQUE BENEFITS GROUP, LIC LOT 1000124376  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)   |
| (Enter state, or if a non-U.S. entity, the name of the country)  on 1212222  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> :   |
| UNIQUE BENEFITS 6WVI, 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 10th day of MAY  | , 20 <u>12</u>   |                   |
|--|--|-------------------|
| Required Signature for Florida Profit Corporal Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155,   | his document are true. Any false informa                     | ation constitutes |
| Signature of Chairman, Vice Chairman, Director, selected, an Incorporator: Let Much Selected Name: Rose 64051440 Selected Title:   | Officer, or, if Directors or Officers have                   | not been          |
| Required Signature(s) on behalf of Other Busines stated in this document are true. Any false information in this document are true. Any false information in this document are true. Any false information in the state of the sta | ation constitutes a third degree felony as .]                | provided for in   |
| Printed Name: KOSE OHUSTON SCHNETOER   | _ Title: MANAGING MEMBER_                                    |                   |
| Signature: Printed Name:   | Title:   |                   |
| Signature:Printed Name:  |  |                   |
| Signature: Printed Name:   | Title:   |                   |
| Signature:Printed Name:  | Title:   | 12 KA             |
| Signature: Printed Name:   | Title:   | 725<br>735:2      |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.  | ty Partnership:  | AH III 2          |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.   | ty Limited Partnership:                                      | ν. ο              |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative   | s.   |                   |
| All others: Signature of an authorized person.   |  |                   |
| Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:   | \$35.00<br>\$70.00<br>\$8.75 (Optional)<br>\$8.75 (Optional) |                   |

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE II PI                       | RINCIPAL OFFICE Principal street address                                  | ,                                | Mailing address, if different is: |   |  |
|-------------------------------------|---|----------------------------------|-----------------------------------|---|--|
| 98                                  | 21 SW IST STREET  |                                  | vianing address, it differe       |   |  |
|                                     | LANTATION, FL 33324   |                                  |                                   |   |  |
| ARTICLE III PU                      |   |                                  |                                   |   |  |
| he purpose for which                | h the corporation is organized is:  |                                  | -PAID LEGAL /                     | HUD IDENTITY                                      |  |
|                                     |   | THEFT PROTECTS                   | IN brant 47                       | AN EMPLOYE  |  |
|                                     |   | BENEFIT AND                      | to motivious                      | •   |  |
| RTICLE IV SI                        |   |                                  |                                   |   |  |
| he number of shares                 | of stock is: 1,000  |                                  |                                   |   |  |
| RTICLE V IN                         | IITIAL OFFICERS AND/OR D  | IRECTORS                         | JULIE GEREHO                      | N- DEGGERA  |  |
| Name and Title:<br>Address:         | BOSE CEUSIFIA SCHINETOFU.   | Name and Title:                  | 11 PADPOCK 19                     |   |  |
| radioss.                            | (LANTATION, FL 33324  | Addiess.                         | MILMINGON                         | . MASS. 0188                                      |  |
|                                     |   |                                  |                                   |   |  |
| Name and Title:                     |   | Name and Title:                  |                                   |   |  |
| Address:                            |   | Address:                         |                                   |   |  |
| •                                   |   |                                  |                                   |   |  |
| Nome and Title                      |   |                                  |                                   |   |  |
| Address:                            |   | Address:                         | · ·                               | <del>                                      </del> |  |
|                                     |   |                                  |                                   |   |  |
| -                                   |   |                                  |                                   | <u>- 6 10 </u>                                    |  |
|                                     | EGISTERED AGENT   |                                  |                                   |   |  |
| he <u>name and Florida</u><br>Name: | a street address (P.O. Box NOT ac<br>Rose Gellyh-N Schwe                  | ceptable) of the registered ager | nt is:                            | AH III  |  |
| Address:                            | 9821 SW IST STREET  |                                  |                                   | 5: <del>=</del>                                   |  |
|                                     | PLANTATION, PL 3332   | 1                                |                                   | 23  |  |
| RTICLE VII IN                       |   |                                  |                                   | > -   |  |
|                                     | For PENTAN CAN  | c0c 4                            |                                   |   |  |
| Name:<br>Address:                   | 9821 SW 111 STREET  | <u>etnac</u>                     |                                   |   |  |
|                                     | (LAUTATEON PL 3)  | 124                              |                                   |   |  |
|                                     | s registered agent to accept servic<br>miliar with and accept the appoint |                                  |                                   |   |  |
| _                                   |   |                                  |                                   | •••   |  |
| Required                            | Signature/Registered Agent  | S (to)                           | 410                               |   |  |
| submit this documer                 | nt and affirm that the facts stated                                       | herein are true. I am aware i    |                                   | on submitted in a                                 |  |
| . 1                                 | rtment of State constitutes a third a                                     |                                  | •                                 |   |  |
| KUK 18                              | Signature/Incorporator  |                                  | 12012                             |   |  |
| Redillrod V                         |   |                                  |                                   |   |  |