

P12000063433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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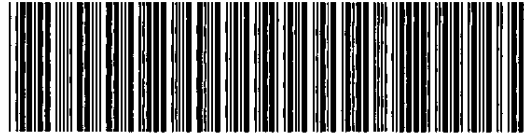
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
12 JUL 19 AM 7:58

JUL 20 2012

T. HAMPTON

60642-2107

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAREVANTAGE HEALTH PLAN, 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:

MANUEL M ARVESU

Contact Person

TRANSACTION ADVISORS AND CONSULTANTS, LLC

Firm/Company

10261 SW 72ND ST, C 101

Address

MIAMI, FL 33173

City, State and Zip Code

MANNY@ARVESU.COM

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

For further information concerning this matter, please call:

MANUEL M ARVESU

Name of Contact Person

at ( 305 ) 799-8077

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 JUL 19 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 29, 2012

MANUEL M ARVESU  
TRANSACTION ADVISORS AND CONSULTANTS LLC  
10261 SW 72ND ST - C101  
MIAMI, FL 33173

SUBJECT: CAREVANTAGE HEALTH PLAN, INC  
Ref. Number: W12000034907

We have received your document for CAREVANTAGE HEALTH PLAN, INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the registered agent in article VI.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 812A00017760

**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:

CAREVANTAGE HEALTH PLAN, LLC

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 07/19/2011

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 **attached Articles of Incorporation**:

CAREVANTAGE HEALTH PLAN, 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.

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DIVISION OF CORPORATIONS  
12 JUL 19 AM 7:58

Signed this 23 day of JUNE, 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: [Signature]

Printed Name: IVAN DANIEL KURZWEIL Title: PRESIDENT

**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: [Signature]

Printed Name: ROBERT E THORNE Title: MANAGER

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: **CAREVANTAGE HEALTH PLAN, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2800 BISCAYNE BLVD

SUITE 1100

MIAMI, FL 33137

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FOR THE PURPOSE OF ESTABLISHING A HEALTH PLAN AS AUTHORIZED BY THE STATE OF FLORIDA OR ANY OTHER LEGAL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: ONE HUNDRED THOUSAND SHARES

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

Name and Title: ALBERTO LAMADRID, DIRECTOR

Address: 2800 BISCAYNE BLVD, SUITE 1100

MIAMI, FL 33137

Name and Title:

Address:

Name and Title: ROBERT F. THORNE, DIRECTOR

Address: 2800 BISCAYNE BLVD, SUITE 1100

MIAMI, FL 33137

Name and Title:

Address:

Name and Title: IVAN DANIEL KURZWEIL, PRESIDENT

Address: 2800 BISCAYNE BLVD, SUITE 1100

MIAMI, FL 33137

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name:

Address:

10281 SW 72ND ST, C 101

MIAMI, FL 33173

*Transaction Advisors & Consultants, LLC*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Address:

IVAN DANIEL KURZWEIL

2800 BISCAYNE BLVD, SUITE 1100

MIAMI, FL 33137

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

JUNE 23, 2012

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

JUNE 23, 2012

Date

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