

P13000005099

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
1/15/13

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: QUALICARE HEALTH PLANS, 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:

Toni H. Alam

Contact Person

Toni H. Alam, CPA

Firm/Company

6915 SW 57th Ave., Ste 215-A

Address

Coral Gables, FL 33143

City, State and Zip Code

cmmolieri@cs.com

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

For further information concerning this matter, please call:

Toni H. Alam

Name of Contact Person

at (305) 663-6200

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:

Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Charter 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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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:

QUALICARE HEALTH PLANS, LLC *L13 000002213*

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 **January 4, 2013**

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:**

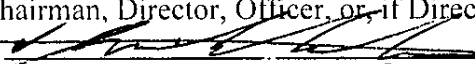
QUALICARE HEALTH PLANS, INC.

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.)

Signed this 10th day of January, 2013

Required Signature for Florida Profit Corporation:

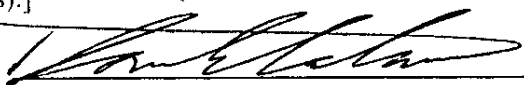
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: 

Printed Name: Toni H. Alam

Title: Treasurer

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TALLAHASSEE, FLORIDA

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 

Printed Name: Toni H. Alam

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)

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

ARTICLE I NAME QUALICARE HEALTH PLANS, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address

Mailing address, if different

6915 SW 57TH AVE., STE 215-A
CORAL GABLES, FL 33143

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Health Care Insurance Provider

ARTICLE IV SHARES One Million Shares (1,000,000.00)
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER KILISSANLY, CEO
Address: 4305 LAKE ROAD
MIAMI, FL 33137

Name and Title: ROBERT SANTANA, VP
Address: 15071 SW 154 TERRACE
MIAMI, FL 33187

Name and Title: TONI H ALAM, TREASURER
Address: 6915 RED RD., STE 215-A
CORAL GABLES, FL 33143

Name and Title: ALBERT CLARAMONTE, DIR
Address: 3009 NW 75 AVE
MIAMI, FL 33122

Name and Title: _____
Address: _____

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: TONI H. ALAM
Address: 6915 RED RD., STE 215-A
CORAL GABLES, FL 33143

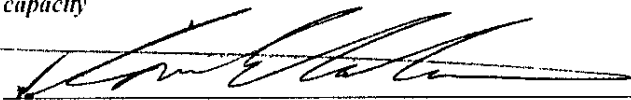
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: TONI H. ALAM
Address: 6915 RED RD., STE 215-A
CORAL GABLES, FL 33143

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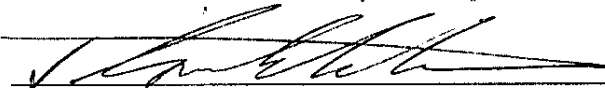
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/10/13
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

11/10/13
Date