

P13000027971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

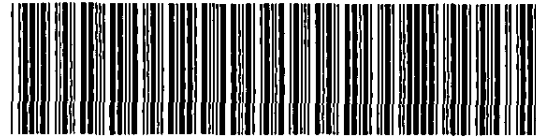
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100245689401

03/25/13--01013--002 \*\*105.00

FILED

13 MAR 25 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Global Pharma Strategies, 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:

Paul Ramirez

Contact Person

Global Pharma Strategies

Firm/Company

495 Brickell Avenue, 809

Address

Miami, FL 33131

City, State and Zip Code

pramirez@globalpharmastrategies.com

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

For further information concerning this matter, please call:

Paul Ramirez

Name of Contact Person

at ( 954 ) 252 8899

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAR 26 PM 12:53

FILED

**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:

**Global Pharma Strategies, LLC**

2080000 P0579

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 **September 2, 2008**

§ 122/208

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:**

**Global Pharma Strategies, 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.)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

13 MAR 26 PM 12:53

FILED

Signed this 21 day of March, 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: Paul Ramirez Title: President

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

Signature: \_\_\_\_\_  
Printed Name: Paul Ramirez Title: Member

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAR 26 PM 12:53

FILED

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

**ARTICLE I    NAME**    Global Pharma Strategies, Inc.  
The name of the corporation shall be: \_\_\_\_\_

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

Principal street address  
495 Brickell Avenue, 809  
Miami, FL 33131

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is:  
To conduct all lawful business.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**    100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: <u>Paul Ramirez, President</u>	Name and Title: _____
Address: <u>495 Brickell Avenue, 809</u>	Address: _____
<u>Miami, FL 33131</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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

Name: Paul Ramirez  
Address: 495 Brickell Avenue, 809  
Miami, FL 33131

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAR 26 PM 12:53

FILED


**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

Name: Paul Ramirez  
Address: 495 Brickell Avenue, 809  
Miami, FL 33131


\*\*\*\*\*

*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

3/21/13  
\_\_\_\_\_  
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

3/21/13  
\_\_\_\_\_  
Date

FILED

13 MAR 26 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA