

P14000081481

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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14 OCT -2 AM 11:40
TALLAHASSEE, FLORIDA

OCT 6 2014

S. GILBERT

W14-56051



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 OCT -2 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 22, 2014

ANDREA C. ROMERO
ANDREW C. ROMERO
REMEDY HOLISTICS, INC.
4505 W. FLAGLER SUITE 202
MIAMI, FL 33134

SUBJECT: REMEDY HOLISTICS, INC.
Ref. Number: W14000005605

We have received your document for REMEDY HOLISTICS, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The Certificate of Conversion must be signed by an authorized person.

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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 114A00001831

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
14 OCT -2 AM 11:40
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:

REMEDY HOLISTICS, INC - L12-000-106427

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **REMEDY HOLISTICS, LLC**

(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 **08/17/2012**

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:**

REMEDY HOLISTICS, 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 06 day of JANUARY, 2014.

Required Signature for Florida Profit Corporation:

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

Printed Name: ANDREA ROMERO Title: DIRECTOR

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

Signature: _____

Printed Name: ANDREA ROMERO Title: DIRECTOR

Signature: _____

Printed Name: DR. ISALI BENJACOB Title: DIRECTOR

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: REMEDY HOLISTICS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

4505 W FLAGLER ST SUITE 202

MIAMI FL; 33134

Mailing address, if different is:

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CLERK OF COURT
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INTERGRATIVE HEALTH CARE AND PHARMACY

ARTICLE IV SHARES

The number of shares of stock is: 50,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREA C.ROMERO DIRECTOR

Address: 4505 W FLAGLER ST SUITE 202
MIAMI FL, 33134

Name and Title: ISALI BEN-JACOB DIRECTOR

Address: 4505 W FLAGLER ST SUITE 202
MIAMI FL, 33134

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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: ANDREA C.ROMERO

Address: 4505 W FLAGLER ST SUITE 202

MIAMI FL, 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDREA C.ROMERO

Address: 4505 W FLAGLER ST SUITE 202

MIAMI FL, 33134

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

01/06/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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

01/06/2014

Date