

P/660025782

(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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03/14/16--01018--028 **113.75

FILED
16 MAR 14 PM 12:31
MAR 14 2016
MAR 14 2016

MAR 27 2016
S. GILBERT

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Better Life and Health, 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:

Bruce J. Moses

Contact Person

Better Life and Health, Inc.

Firm/Company

277 North Avenue, Suite 200A

Address

New Rochelle, NY 10801

City, State and Zip Code

bmoses@adel.com

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

For further information concerning this matter, please call:

Bruce J. Moses

914-712-0600 x1

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

STREET ADDRESS:

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

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

16 MAR 14 PM 12:31
SITTING ROOM
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:

Better Life and Health, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Corporation
(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 Arizona
(Enter state, or if a non-U.S. entity, the name of the country)

on 7/29/1993
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:

Florida

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Better Life and Health, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 3/1/2016
(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.**)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 8th day of March, 2016.

Required Signature for Florida Profit Corporation:

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

Incorporator: Bruce J. Moses

Printed Name: Bruce J. Moses Title: Director

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

Signature: Robert J. Leaf

Printed Name: Robert J. Leaf Title: President

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: Better Life and Health, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3720 South Ocean Blvd, #1606, Highland Beach, FL 33487

Mailing address, if different is:
277 North Avenue Ste 200A, New Rochelle, NY

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful business activity permitted by Florida law.

ARTICLE IV SHARES

The number of shares of stock is: 600,000 common stock and 600,000 non-voting common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert J. Leaf, President and Treasurer

Address: 3720 South Ocean Blvd., #1606
Highland Beach, FL 33487

Name and Title: Jeanette B. Leaf, Vice President and Secretary

Address: 3720 South Ocean Blvd., #1606
Highland Beach, FL 33487

Name and Title: David E. Leaf, Director

Address: 360 Newbury Street, #511
Boston, MA 02115

Name and Title: Bruce J. Moses, Director

Address: 900 Barnegat Blvd. N. #3006
Barnegat, NJ 08005

Name and Title: _____

Address: _____

Name and Title: _____

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: Robert J. Leaf _____

Address: 3720 South Ocean Blvd., #1606 _____

Highland Beach, FL 33487 _____

ARTICLE VII INCORPORATOR

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

Name: Bruce J. Moses _____

Address: 900 Barnegat Blvd. N. #3006 _____

Barnegat, NJ 08005 _____

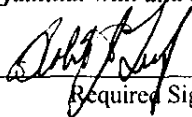
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

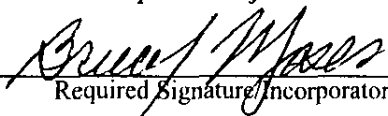


Required Signature/Registered Agent

3/8/16

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

3/8/16

Date