

P16000038649

(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



400284213254

04/11/16--01042--020 \*\*105.00

FILED  
16 MAY - 2 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Outigan MAY - 4 2016

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** HEALTH ONE CORP

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:*

EDWARD MEJIA

Contact Person

TAX BUREAU SERVICE CORP

Firm/Company

1835 NW 112TH AV SUITE 164

Address

MIAMI FL 33172

City, State and Zip Code

EDMEJIA@TBSTAX.NET

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

For further information concerning this matter, please call:

EDWARD MEJIA at ( 646 ) 996-4212

Name of Contact Person

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:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2016

EDWARD MEJIA  
TAX BUREAU SERVICE CORP  
1835 NW 112TH AVE SUITE 164  
MIAMI, FL 33172

SUBJECT: HEALTH ONE CORP  
Ref. Number: W16000027844

RECEIVED  
2016 MAY -2 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 616A00007762

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

FILED  
16 MAY -2 PM 1:57  
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:  
HEALTH ONE 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 FL  
(Enter state, or if a non-U.S. entity, the name of the country)

on 08/14/2015  
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:  
STATE OF FL

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:  
HEALTH ONE, CORP  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 04/10/2016  
(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 6TH day of APRIL, 2016.

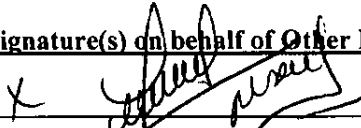
**Required Signature for Florida Profit Corporation:**

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

Incorporator: SUSAN CARRASCO

Printed Name: SUSAN CARRASCO Title: PRESIDENT

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

Signature:  \_\_\_\_\_

Printed Name: SUSAN CARRASCO Title: PRESIDENT

Signature:  \_\_\_\_\_

Printed Name: MILADYS SAINT-HILAIRE Title: VICE PRESIDENT

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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: HEALTH ONE CORP

**16 MAY -2 PM 1:57**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal street address  
10850 NW 89TH TERRACE UNIT 102

Mailing address, if different is:  
SAME

MIAMI FL 33172

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HEALTH AND LIFE INSURANCE AGENTS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: SUSAN CARRASCO = PRESIDENT

Name and Title: \_\_\_\_\_

Address: 10850 NW 89TH TERRACE U NIT 102  
MIAMI FL 33178

Address: \_\_\_\_\_

Name and Title: MILADYS SAINT-HILAIRE - VICE PRES

Name and Title: \_\_\_\_\_

Address: 0686 FOUNTAINEBLEAU BLVD  
MIAMI FL 33172

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: TAX BUREAU SERVICE CORP  
Address: 1835 NW 112H AV SUITE 164  
MIAMI FL 33172

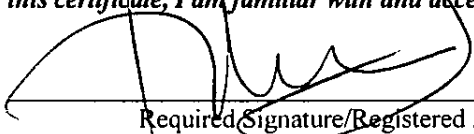
**ARTICLE VII INCORPORATOR**

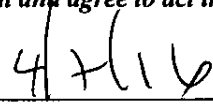
The **name and address** of the Incorporator is:

Name: SUSAN CARRASCO  
Address: 10850 NW 89TH TERRACE UNIT 102  
DORAL FL 33178

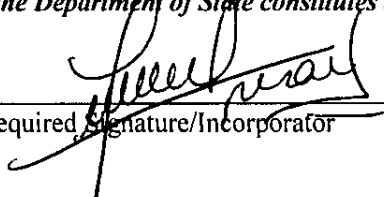
\*\*\*\*\*

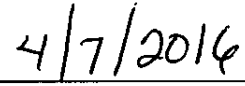
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

  
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

  
Date

FILED  
16 MAY -2 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA