Plucosycogi

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	- #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



05/02/16--01041--006 **105.00

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EGREPH OF STATE

5/10/10

COVER LETTER

TO: Charter Section Division of Con								
SLIBJECT: Conversion	Of Royal For Medical And Name of	Dental Supplies L	LC To (Corporation				
	Name of	Resulting Florida	Profit (Corporation	-			
	e of Conversion, Article: Profit Corporation" in ac			ees are submitted to conv 15, F.S.	ert an "C	Other	Busir	iess
Please return all corresp	ondence concerning this	s matter to:						
Weam Aly								
	Contact Person		•					
Royal For Medical And I	Dental Supplies LLC							
	Firm/Company		•					
9280 sw 3rd St #809			_					
	Address							
Boca Raton ,FL .33428								
	City, State and Zip Cod	e e						
weam.aziz@gmail.com	•							
E-mail address: (t	o be used for future annu	ial report notifica	tion)					
For further information	concerning this matter,	please call:						
Weam Aly		954 at (53432	02				
Name of Co	ontact Person	Area C	ode and	Daytime Telephone Nu	mber			
Enclosed is a check for	the following amount:							
■ \$105.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filin and Certified Co		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	121	- 1		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS: New Filings Section Division of Corporation Cliffon Building 2661 Executive Center Tallahassee, FL 32301	Circle		New F Division P. O. E	ilings Section on of Corporations Box 6327 assec, FL 32314	LANCE POPUL	MAY -2 PH 1: 28	FILED	

Certificate of Conversion For

"Other Business Entity"

Into

Florida Profit Corporation

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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:
Royal For Medical And Dental Supplies LLC
Enter Name of Other Business Entity L1400043601
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
03-17-2014 on
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:
1. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Royal For Medical And Dental Supplies Corporation
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 05-4-2016 [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; $\overline{ ext{AND}}$ 2) must be the same as the effective date listed in the attached Articles of Incorporation.
f 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

Page 1 of 2

listed as the document's effective date on the Department of State's records.

Signed this day of April	. 2016
Required Signature for Florida Profit Co	
Signature of Chairman, Vice Chairman, Dire Incorporator: <u>Weam Aly</u> Printed Name: <u>Frund</u> Titl	e: Rentered Agent Business Entity (See below for required signature(s))
ixeaunea signatureixi onzhonan ar ezinet	Business Entity: [See below for required signature(s).]
Printed Name:	Title: Registerd Agent
Signature: Signature:	
Printed Name: Nada Elsharabassy	Title: Title:
Printed Name:	Title:
Signature:	
	Title:
Signature:	
	Title:
Signature:	
	Title:
<u>If Florida General Partnership or Limited</u> Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Repres	sentative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:

\$35.00

Fees for Florida Articles of Incorporation:

\$70.00

\$8.75 (Optional)

Certified Copy: Certificate of Status:

\$8.75 (Optional)



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

ARTICLE 1	Royal For Medical And Dental Supplies Corporation			FILED			
ARTICLE I	II PRINCIPAL OFFICE			16 MAY -2			
rne principai	place of business/mailing address is:			SEORETARY (TALLAHASDE)	I. Filenija		
9280 Sw 3rd 5	Principal street address Street #809	9280 Sv	Mailing address, if a 3Rd street #809	different is:			
Boca Raton, I		Boca R	aton , FL ,33428				
ARTICLE I	THE PURPOSE for which the corporation is organized is:				- 		
Import And E	xport Medical And Dental Supplies And Devi	ices					
Manufacturing							
Retailer							
Consultant for	r Dental Supplies						
							
					 -		
							
ARTICLE I	IV SHARES of shares of stock is:						
				у о <u>Таков, мунув «Ш</u> иллом лиучинарамира а Туличиса а			
ARTICLE	V INITIAL OFFICERS AND/OR D Atef Elsharabassy Chairman itle:	Name and Title	Weam Aly Vice Cha	iirman			
Address:	IIIe:	Address:	9280 Sw 3rd Street #				
Address:	Elharam Carro, 00202 Egypt		Boca Raton 33428 FL		N AAA- 4 MAA		
Name and Ti	Nada Elsharabassy Manager	 Name and Title	Mohamed Sharaby	Director			
Address:	9280 Sw 3rd Street #809	Address:	Rokn Elsafa Elharan				
Tital City.	Boca Raton 33428 FL		Cairo 00202 Egypt				
Name and Ti	Dina Elsharabassy Officer		Omar Elsharabassy	Officer			
Address:	11 Abo Hazem Street Madkor	Address:	11 Abo Hazem Stree				
	Elbaram Cairo 00202 Egypt		Elharam Cairo 00202	! Egypt			
Namear	d titles - Hanna Sukki						

	<i>E VI REGISTERED AGENT</i> <u>e and Florida street address</u> (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Weam Aly		
Address:	9280 Sw 3rd Street #809		
	Boca Raton 33428 Florida		
ARTICL			
The <u>name</u>	e and address of the Incorporator is:		
Name:	Weam Aly		
Address:	9280 Sw 3rd Street #809		
	Boca Raton Florida 33428	,	
*****	**********	*****	
	een named as registered agent to accept service of paicate, I am familiar with and accept the appointment	ocess for the above stated corporation at the place design as registered agent and agree to act in this capacity	gnated in
		04-26-16	
	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false information submy felony as provided for in $s.817.155$, $F.S.$	itted in a
	C AND	04-26-16	
	Required Signature/Incorporator	Date	

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SECRETARY OF STATE
HILLSHARK STELLED