

P160000042224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAY 17 2016
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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Allied Premium Health 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:

Jean Marc Simeon
Contact Person

Allied premium Health solutions
Firm/Company

2880 W Oakland Park Blvd
Address

Oakland park FL 33311
City, State and Zip Code

AlliedHealthco @ Outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean-marc Simeon at (954) 798 3194
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

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

FILED
16 MAY -6 PM 1:27

STATE
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:

Allied premium Health solutions 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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)

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:

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

Allied premium Health Corp
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.)

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 4th day of May, 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: JMS

Printed Name: Jean-Marc Simeon Title: President

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

Signature: JMS

Printed Name: Jean-Marc Simeon 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: Allied Premium Health Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
3810 inventory Blvd Suite 206
Lauderhill FL 33319

Mailing address, if different is:
3810 inventory Blvd Suite 206
Lauderhill FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jean-marc Siméon President Name and Title: _____

Address: 1761 NW. 28th Ave Address: _____
Lauderhill, FL 33311

Name and Title: Erick Calixte CFO Name and Title: _____

Address: 7814 SW 7th Pl Address: _____
North Lauderdale FL 33068

Name and Title: Lesly Charles Secretary Name and Title: _____

Address: 509 Alleghany Road Address: _____
Fayetteville, North Carolina 28304

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CLERK OF DISTRICT COURT
ALLAHOUSSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Jean marc Simon
Address: 1761 NW 28th Ave
Ft. Lauderdale, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

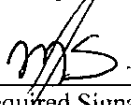
Name: Jean marc Simon
Address: 1761 NW 28th Ave
Ft. Lauderdale FL 33311

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

05-04-16
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

05-04-16
Date