

P 1600056073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

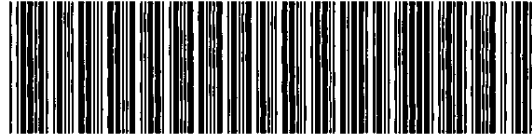
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JUN 28 PM 2:46

CLERK OF DISTRICT COURT  
JANUARY 1, 1900

7/7/16

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** IVIDA 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:

GISELLE C UZTARIZ

Contact Person

IVIDA CORP

Firm/Company

8501 SW 124 AVE SUITE #102

Address

MIAMI, FL 33183

City, State and Zip Code

IVIDA.MIA.MGMT@GMAIL.COM

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

For further information concerning this matter, please call:

GISELLE C UZTARIZ at ( 786 ) 2826890

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

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16 JUN 28 PM 2:46  
TALLAHASSEE, FL 32301

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

FILED  
16 JUN 28 PM 2:46

DEPARTMENT OF STATE  
HALLWAY 1000  
TALLAHASSEE, FL 32304

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:

IVIDA LLC

Enter Name of Other Business Entity LI0000104374

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, USA

(Enter state, or if a non-U.S. entity, the name of the country)

on 05.31.2016

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:

N/A

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

IVIDA CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 05.27.2016

(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 23 day of JUNE, 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: GISELLE C UZTARIZ

Printed Name: GISELLE C UZTARIZ Title: PRESIDENT

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

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

Printed Name: GISELLE C UZTARIZ Title: MEMBER

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

Printed Name: ROBERTO POLANCO Title: MEMBER

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)

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16 JUN 28 PM 2:46  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**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: IVIDA CORP

16 JUN 28 PM 2:46

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

CLERK OF DISTRICT CLERK  
MIAMI, FL 33133

Principal street address

Mailing address, if different is:

8501 SW 124 AVE SUITE #102

MIAMI, FL 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HEALTH CARE SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 SHARES

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

Name and Title: GISELLE C UZTARIZ, PRESIDENT

Name and Title: ROBERTO POLANCO, vice-president

Address: 445 NW 4TH STREET APT #1013

Address: 8501 SW 124 AVE SUITE #102

MIAMI, FL 33128

MIAMI, FL 33183

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

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

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

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: GISELLE C UZTARIZ  
Address: 8501 SW 124 AVE SUITE #102  
MIAMI, FL 33183


**ARTICLE VII INCORPORATOR**

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

Name: GISELLE C UZTARIZ  
Address: 445 NW 4TH STREET APT #1013  
MIAMI, FL 33128


\*\*\*\*\*

*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

06.23.2016  
\_\_\_\_\_  
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

06.23.2016  
\_\_\_\_\_  
Date

FILED  
16 JUN 28 PM 2:46  
DEPARTMENT OF STATE  
TALLAHASSEE, FL 32309