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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/7/16

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Blue Star Medical, P.A.  
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:

Davina Tala

Contact Person

Tala Legal, P.A.

Firm/Company

601 Heritage Drive, Ste. 418

Address

Jupiter, FL 33458

City, State and Zip Code

vjmarsh3001@gmail.com

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

For further information concerning this matter, please call:

Vicky Marsh, D.O.

Name of Contact Person

at ( 954 ) 383-5159

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" 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 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

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

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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:

Bluestar Medical 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 October 26, 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:

N/A

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

Bluestar Medical, P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: June 28, 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 27<sup>th</sup> 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: Jul 2

Printed Name: Davina Tala Title: Owner of Tala Legal, P.A., Attorney for Vicky J. Marsh

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

Signature: VJM

Printed Name: Vicky J. Marsh 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**

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**ARTICLE I. NAME**

The name of this Florida Corporation is:  
Bluestar Medical, P.A.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II. PRINCIPAL OFFICE**

The street and mailing address of the Corporation's initial principal office is:  
2401 South Ocean Drive, Apt. 1801  
Hollywood, FL 33019

**ARTICLE III. PURPOSE**

The Corporation is being formed for the practice of medicine.

**ARTICLE IV. SHARES**

The Corporation shall have the authority to issue 100 shares of common stock, par value \$1.00 per share.

**ARTICLE V. BOARD OF DIRECTORS**

The name of each member of the Board of Directors is:  
Vicky J. Marsh, President  
2401 South Ocean Drive, Apt. 1801  
Hollywood, FL 33019

**ARTICLE VI. REGISTERED AGENT**

The name and address of the Registered Agent of the Corporation is:  
Vicky J. Marsh  
2401 South Ocean Drive, Apt. 1801  
Hollywood, FL 33019


**ARTICLE VII. INCORPORATOR**

The name and address of the Incorporator is:  
Tala Legal, P.A.  
601 Heritage Drive, Ste. 418  
Jupiter, FL 33458

**ARTICLE IX. CORPORATE EXISTENCE**


These Articles of Incorporation shall become effective and the corporate existence will begin on June 28, 2016.

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.

  
\_\_\_\_\_  
Signature of Registered Agent, Vicky J. Marsh

6-27-16  
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 the s.817.155, F.S.

  
\_\_\_\_\_  
Signature of Davina Tala, Esq., of Tala Legal, P.A., Incorporator

6-27-16  
Date

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