

P/6000081034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

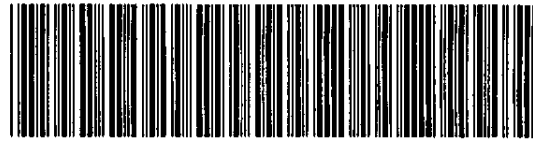
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT -4 AM 9:15

M. MOON  
OCT - 4 2016

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Durable Medical Equipment & Supplier  
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:

Sherrie Brown

Contact Person

Firm/Company

821 Alamanda Ct.

Address

Plantation, FL 33317

City, State and Zip Code

ssbrown3@gmail.com

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

For further information concerning this matter, please call:

Sherrie Brown

Name of Contact Person

at ( 754 ) 422-3904

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

16 OCT -4 PM 9:15

SEP 14 2014  
CLERK OF COURT  
TALLAHASSEE, FL

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

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:

Durable Medical Equipment & Supplier (4500017143)

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

10-02-2015

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**:

Durable Medical Equipment & Supplies

Enter Name of Florida Profit Corporation

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

9/29/2016

(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.

16 OCT -4 AM 9:15  
SUN 10-4-16  
10/4/16

Signed this 29<sup>th</sup> day of September, 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: [Signature]

Printed Name: Sherrie Brown Title: Director

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

Signature: [Signature]

Printed Name: Sherrie Brown Title: Director

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)

16 OCT -4 AM 9:15  
SECRET  
DATE  
2016

**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:

Durable Medical Equipment & Supplies,  
INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

821 Principal street address Alamanda Ct.

Plantation, FL 33317

Mailing address, if different is:

6919 W. Broward Blvd. #312  
Plantation, FL 33317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Profit Medical Equipment  
and Supply Sales.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

Name and Title:

Sherrie Brawn  
Director

Name and Title:

Address:

821 Alamanda Ct.  
Plantation, FL 33317

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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**ARTICLE VI REGISTERED AGENT**

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

Name: Sherrie Brown  
Address: 821 Alamanda Ct  
Plantation, Fl 33317

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sherrie Brown  
Address: 821 Alamanda Ct  
Plantation, Fl 33317

\*\*\*\*\*

*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*

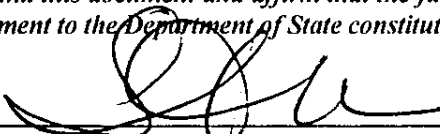


Required Signature/Registered Agent

9-29-16

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

9-29-16

Date

STATE  
16 OCT -4 AM 9:15