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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

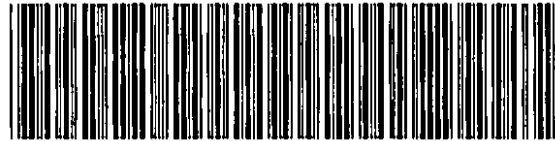
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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17 JUL 18 AM 9:38
CLARK COUNTY, NV

T. BURCH

JUL 18 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MIAMI MEDIPHARM INSTITUTE, INC.

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:

ROBERTO MENDEZ

Contact Person

MIAMI MEDIPHARM INSTITUTE, LLC.

Firm/Company

4125 SW 97 CT

Address

MIAMI, FL 33165

City, State and Zip Code

medipharm1528@gmail.com

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

For further information concerning this matter, please call:

ROBERTO MENDEZ at (305) 491-1614

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

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:

MIAMI MEDIPHARM INSTITUTE, 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 MAY 26, 2017

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:

FLORIDA

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

MIAMI MEDIPHARM INSTITUTE, INC.

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.

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17 JUL 18 AM 9:38
CLERK OF THE COURT
JUL 18 2017

Signed this 10 day of JULY, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: ROBERTO MENDEZ Title: PRESIDENT

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

Signature: _____

Printed Name: ROBERTO MENDEZ Title: AMBR

Signature: _____

Printed Name: DIANELYS MENDEZ Title: AMBR

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: MIAMI MEDIPHARM INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address
4125 SW 97 CT
MIAMI, FL 33165

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO PROVIDE PRIMARY MEDICAL CARE, CARRY OUT MEDICAL AND PHARMACEUTICAL RESEARCH,
AND MANUFACTURE AND/OR DISTRIBUTE NATURAL SUPPLEMENTS AND MEDICAL SUPPLIES.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERTO MENDEZ, PRESIDENT
Address: 4125 SW 97 CT
MIAMI, FL 33165

Name and Title: _____
Address: _____

Name and Title: DIANELYS MENDEZ, VICE-PRESIDENT
Address: 4125 SW 97 CT

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ROBERTO MENDEZ
Address: 4125 SW 97 CT
MIAMI, FL 33165

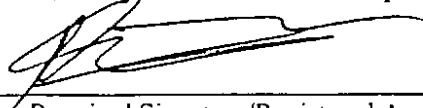
ARTICLE VII INCORPORATOR

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

Name: ROBERTO MENDEZ
Address: 4125 SW 97 CT
MIAMI, FL 33165

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CLERK OF THE COURT
JULY 10, 2017

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

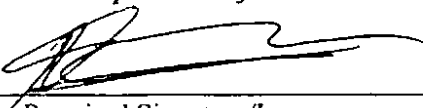


Required Signature/Registered Agent

JULY 10, 2017

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

JULY 10, 2017

Date