

PN000097221

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 08 2017

T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: EMERGENCY MEDICAL DEVICES 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:

JACK MENTKOW
Contact Person

EMERGENCY MEDICAL DEVICES LLC
Firm/Company

1875 TULIP LANE
Address

WELLINGTON, FL. 33414
City, State and Zip Code

EMEDDEVICES@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK MENTKOW at (561) 793-9773
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy 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:

EMERGENCY MEDICAL DEVICES LLC LO6-51826
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY CORPORATION
(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 5/15/2006
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:

EMERGENCY MEDICAL DEVICES INC.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JAN. 1, 2018
(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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TALLAHASSEE, FLORIDA

Signed this 3RD day of DECEMBER, 20 17

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: JACK MENTKOW Title: PRESIDENT

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

Signature: _____

Printed Name: JACK MENTKOW Title: MGR/MEMBER

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)

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TALLAHASSEE, FLORIDA

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: EMERGENCY MEDICAL DEVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

375 TULIP LANE
WELLINGTON, FL 33414

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURE & SALE OF PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JACK MENTKOW / PRES. Name and Title: _____

Address: 1875 TULIP LANE Address: _____

WELLINGTON, FL 33414

Name and Title: LISA MENTKOW / VICE PRES. Name and Title: _____

Address: 1875 TULIP LANE Address: _____

WELLINGTON, FL 33414

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

me: JACK MENTKOW
address: 1875 TULIP LANE
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

Name and address of the Incorporator is:

me: JACK MENTKOW
address: 1875 TULIP LANE
WELLINGTON, FL 33414

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]
Required Signature/Registered Agent

12/3/17
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.

[Signature]
Required Signature/Incorporator

12/3/17
Date

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TALLAHASSEE, FLORIDA