

P18000020068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

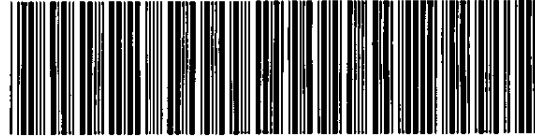
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

FIVE STAR Medical Center LLC (Conversion)
(Corporation Name) (Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

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☒ Walk in

☐ Pick up time 2:00

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☐ Photocopy

☐ Certificate of Status

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:

FIVE Star Medical center LLC
118-19186 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 1 / 24 / 18
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:

FIVE Star Medical center corp
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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Signed this 3 day of 2, 2018.

Required Signature for Florida Profit Corporation:

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

*Incorporator: Joanna Gonzalez
Printed Name: Joanna Gonzalez Title: +

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

*Signature: [Signature]
Printed Name: Joanna Gonzalez Title: MBR

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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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: Five Star Medical Center, corp

ADD TAX ID: 47-2054833

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address <u>4302 Alton Road suite 900</u> <u>Miami Beach FL</u> <u>33140</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Isidro Pujol-P</u>	Name and Title: _____
---------------------------------------	-----------------------

Address: <u>4302 Alton Road</u>	Address: _____
<u>suite 900 Miami Beach FL 33140</u>	

Name and Title: <u>Ana M. Ortiz-S</u>	Name and Title: _____
---------------------------------------	-----------------------

Address: <u>4302 Alton Road</u>	Address: _____
<u>suite 900 Miami Beach 33140</u>	

Name and Title: <u>Joanna Gonzalez-T</u>	Name and Title: _____
--	-----------------------

Address: <u>4302 Alton Road</u>	Address: _____
<u>suite 900 Miami Beach FL 33140</u>	

ARTICLE VI REGISTERED AGENT

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

Name: Joanna Gonzalez

Address: 4302 Alton Road Suite 900
Miami Beach FL 33140


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joanna Gonzalez

Address: 4302 Alton Road Suite 900
Miami Beach FL 33140

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

3-2-18

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

3-2-18

Date

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TALLAHASSEE FL 32310