

P18000030341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

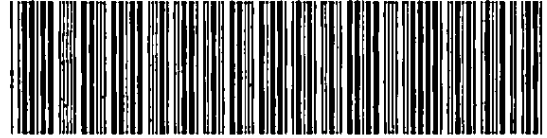
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300311048103

03/29/18--01015--021 **105.00

FILED
18 MAR 29 AM 9:04
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

APR 03 2018
T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: LHI Medical 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:

Daniela Ronchetti

Contact Person

Daniela Ronchetti dba Business Management

Firm/Company

2636 Kings Lake Blvd

Address

Naples, FL 34112

City, State and Zip Code

ed@dean-wellness.com

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

For further information concerning this matter, please call:

Daniela Ronchetti

at (239) 298-9800

Name of Contact Person

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 | <input type="checkbox"/> \$113.75 Filing Fees | <input type="checkbox"/> \$122.50 Filing Fees. |
| | and Certificate of | and Certified Copy | Certified Copy, and |
| | Status | | 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:

LHI Medical LLC

617-252148

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 12/08/2017

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:

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

LHI Medical Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 03/01/2018

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

FILED
18 MAR 29 AM 9:04
DEPT. OF STATE
TALLAHASSEE, FL 32399

Signed this 21st day of March, 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: _____

Printed Name: Daniela Ronchetti Title: _____

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

Signature: _____

Printed Name: Edwin Dean Title: President

Signature: _____

Printed Name: Wyatt Palumbo Title: Vice President

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)

FILED
18 MAR 29 AM 9:04
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, 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: LHI Medical Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

501 GOODLETTE RD N STE D-306

NAPLES, FL 34102

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WELLNESS CLINIC

FILED
18 MAR 29 AM 9:01
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF S.W. FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWIN J DEAN PRESIDENT

Address: 501 GOODLETTE RD N STE D-306

NAPLES, FL 34102

Name and Title: WYATT PALUMBO VICE PRESIDENT

Address: 501 GOODLETTE RD N STE D-306

NAPLES, FL 34102

Name and Title: _____

Address: _____

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: DANIELA RONCHETTI
Address: 2636 KINGS LAKE BLVD
NAPLES, FL 34112

ARTICLE VII INCORPORATOR

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

Name: DANIELA RONCHETTI
Address: 2636 KINGS LAKE BLVD
NAPLES FL 34112

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

3/21/18
Date

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

3/21/18
Date

FILED
18 MAR 29 AM 9:04
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FL 32304