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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
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(Document Number)		
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18 JUN-1 PH 3: 10 SECRETARY OF STATE ALLAHASSEE, FLORIDA

JUN 0 4 2018 T SCHROEDER

COVER LETTER-

TO: Charter Sec Division of	ction Corporations		
SUBJECT:	XPRESS MEDI	ICAC DECIVE	my LLC
	Name o	f Resulting Florida Profit	Corporation
	icate of Conversion, Articlida Profit Corporation" in a		ees are submitted to convert an "Other Business 15, F.S.
Please return all co	rrespondence concerning th	nis matter to:	
KEN.	NETH F /	Toss	
	Contact Person		
EXPRES	Firm/Company	ELIVERY LL	
	Firm/Company		
9749	50711 STREE Address	T CIRCLE E	457
PARRI.	S / J Ciry. State and Zip Co	34219 de	
	SSONE C. Hos: (to be used for future an		
For further informa	tion concerning this matter	, please call:	
KE Name o	TCoss f Contact Person	at (<u>941)</u> Area Code and	5-45-0949 I Daytime Telephone Number
Enclosed is a check	for the following amount:		
\$105.00 Filing F	ees \$\square\$\$\$113.75 Filing Fees and Certificate of Status	\$\ \prop\$113.75 Filing Fees and Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRE	<u>SS:</u>	MAIL	ING ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion

For

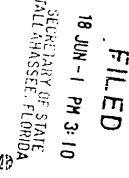
"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
EXPRESS MEDICAL DELIVERY IC LO9-4391
EXPRESS MEDICAL DELIVERY LC LO9-H391 Enter Name of Other Business Entity
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
onFEBRUATCY 1 200 9 Enter date "Other Business Entity" was first organized, formed or incorporated
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:
FLORIO B
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
EXPRESS MEDICAL DECIVERY INC.
Express MEDICAC OECIVERY INC. Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (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.
Page 1 of 2



Signed this <u>28114</u> day of	.20 18	
Required Signature for Florida Profit Corporation		
Signature of Chairman, Vice Chairman, Director, Off Incorporator: White Floor Printed Name: KENNETH FROSTitle:		ave not been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required	signature(s).)
Signature: Rnull Ith		
Printed Name: KENNEIH F Ross	Title: MGR.	
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 Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		<i>1</i>
All others: Signature of an authorized person.		F JUN SECRETA
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	FILED 18 JUN-1 PH 3: 10 SEURLIARY OF STATE ALL AHASSEE, FLORIDA

Page 2 of 2

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	EXPRESS	MEDICAL	DECIVER	y mo
ARTICLE II PRINCIPAL OFF The principal place of business/mailing a				
Principal street address 9749 5074 5786		Mailing a	ddress, if different is:	
PARRISH, FL 3				
ARTICLE III PURPOSE The purpose for which the corporation	is organized in			<u>.</u>
	_	R PR	OFIT	
			SEU	=
		*	AHASS	<u></u>
	· · · · · · · · · · · · · · · · · · ·			P D
ARTICLE IV SHARES The number of shares of stock is:	/08		콘스	:- -
ARTICLE V INITIAL OFFICER		-		
Name and Title: KENNETH	F Ross Name	and Title: PR	ES IDENT	·
Address: 9749 50711 STRE	FL 34219	ss:		
Name and Title: NAMY N		and Title	MANAGER	
Address: 9749 50174 STRE		ss:		
Name and Title:	FC 34219 Name	and Title:		
Address:	Addre			

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: RENDETH TO Rass Name: Address: 9749 SOTH STREET CIRCLE EDET ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: KENNETH F. ROSS Name: Address: 9749 SOTH STREET CINCLE CAST PARRISH FL 34219 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 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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA