

PKB0052688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

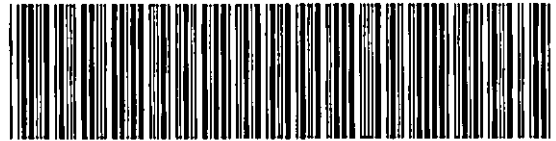
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

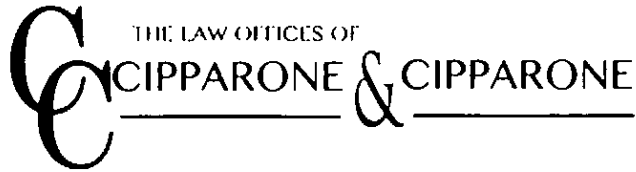


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06/08/18--01022--022 **105.00

FILED
18 JUN -8 PM 5:53
JUL 17 2018
FBI/ATLANTA

M. MOON
JUN 13 2018



June 5, 2018

FILED
18 JUN - 8 PM 5:53
CLERK OF COURT
TALLAHASSEE, FL

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

Re: Divine Health, Inc.

To Whom It May Concern:

My firm represents Divine Health, Inc. Enclosed, please find the Division of Corporation's Form Cover Letter, Certificate of Conversion for Other Business Entity into Florida Profit Corporation, Articles of Incorporation for Divine Health, Inc., and my firm's check in the amount of One Hundred Five and No/100 Dollars (\$105.00) for the requisite filing fee.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,



Ryan Cipparone

RC/jmb
Enclosures
cc: Client (via Email)

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Divine Health, 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:

Ryan Cipparone, Esquire

Contact Person

Cipparone & Cipparone, P.A.

Firm/Company

1525 International Parkway, Suite 1071

Address

Lake Mary, FL 32746

City, State and Zip Code

RCipparone@CipparonePA.com

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

For further information concerning this matter, please call:

Ryan Cipparone, Esquire

at (321) 275-5914

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 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

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18 JUN -8 PM 5:53
TALLAHASSEE, FL

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:

Divine Health, Inc.

FG7000001479

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Foreign 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 Nevada

(Enter state, or if a non-U.S. entity, the name of the country)

on 5/18/04

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:

Nevada

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

Divine Health, 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.

Signed this 31 day of May, 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: Donald E. Colbert Title: CHRM

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

Signature: Donald E. Colbert

Printed Name: Donald E. Colbert Title: CHRM

Signature: Mary Colbert

Printed Name: Mary Colbert Title: VCHR

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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SHELBY COUNTY, TN

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: Divine Health, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

1908 Boothe Circle

Longwood, FL 32750

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of vitamins and nutritional products.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald E. Colbert, President

Address: 1908 Boothe Circle

Longwood, FL 32750

Name and Title: Mary Colbert, Vice President

Address: 1908 Boothe Circle

Longwood, FL 32750

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

18 JUN -8 PM 5:53
FILED

ARTICLE VI REGISTERED AGENT

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

Name: Cipparone & Cipparone, P.A.
Address: 1525 International Parkway, Ste. 1071
Lake Mary, FL 32746

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TALLAHASSEE

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator

is: Name: Donald E Colbert
Address: 1908 Boothe Circle
Longwood, FL 32750

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

6.5.2018
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.

Donald E. Colbert
Required Signature/Incorporator

5/31/2018
Date