

P1800080643

(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



000318667000

09/24/18--01027--026 **122.50

18 SEP 24 PM 2:05
Filing Office

M MOON

SEP 25 2018

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: QUALITY OF LIFE DME 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:

RANDI ROUNDS

Contact Person

QUALITY OF LIFE DME INC

Firm/Company

1630 NW 49 ST

Address

DEERFIELD BEACH, FL 33064

City, State and Zip Code

RROUNDS@QUALITYHEALTHSUPPLIES.ORG

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

For further information concerning this matter, please call:

RROUNDS@QUALITYHEALTHSUPPLIES.ORG 954 531-7433

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 and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, 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

1-11 11
19 SEP 24 PM 2:05

118-124689

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:

QUALITY OF LIFE DME LLC

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 MAY 17, 2018

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**:

QUALITY OF LIFE DME Group INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____

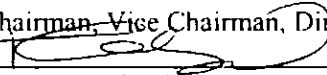
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

18 SEP 24 PM 2:05

Signed this 14 day of SEPTEMBER, 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: RANDI ROUNDS Title: CEO

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

Signature: 

Printed Name: CATHERINE SNYDER 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 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)

18 SEP 24 11:20:05

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: QUALITY OF LIFE DME Group Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

500 NE SPANISH RIVER BLVD, STE 201

BOCA RATON, FL 33431

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RANDI ROUNDS, CEO

Address: 1630 NW 49 ST

DEERFIELD BEACH, FL 33064

Name and Title: EUGENE LAVIN, TREASURER

Address: 856 APPLEBY ST

BOCA RATON, FL 33487

Name and Title: CATHERINE SNYDER, COO

Address: 1630 NW 49 ST

DEERFIELD BEACH, FL 33064

Name and Title: JARRED HOPSON, SECRETARY

Address: 2020 ALTA MEADOWS LANE , #505

DELRAY BEACH, FL 33444

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

18 SEP 24 PM 2:05
NOTED

ARTICLE VI REGISTERED AGENT

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

Name: LAURA SEILER ANSTETT
Address: 500 NE SPANISH RIVER BLVD, STE 201
BOCA RATON, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RANDI ROUNDS
Address: 1630 NW 49 ST
DEERFIELD BEACH, FL 33064

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

9/14/2018
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.


Required Signature/Incorporator

9/14/18
Date

18 SEP 25 11:29:05
FAL 2018