

P1800092811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

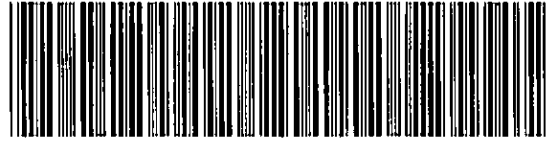
Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

W18-94995



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2018

MARIA S LYNCH
21 OLD KINGS RD
PALM COAST, FL 32137

SUBJECT: HEALTH MINISTRIES INTERNATIONAL INSTITUTE INC.
Ref. Number: W18000094995

We have received your document for HEALTH MINISTRIES INTERNATIONAL INSTITUTE INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist III

Letter Number: 618A00022259

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Palm Coast Wellness Institute LLC.
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:

MARIA S. Lynch
Contact Person

Palm Coast Wellness Institute LLC.
Firm/Company

21 Old Kings Road
Address

109 B palm Coast FL 32137
City, State and Zip Code

Lynchmaria3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria S. Lynch at (386) 931-0679
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

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18 NOV 13 PM 2:30
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TALLAHASSEE, FLORIDA

L18-131716

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:

Palm Coast Wellness Institute LLC.
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited LLC.
(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 FL
(Enter state, or if a non-U.S. entity, the name of the country)

on 5/25/2018
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:

FL

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

Health Ministries International Institute 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.

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TALLAHASSEE, FLORIDA

Signed this 10 day of 00, 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: MARIA S. LYNCH

Printed Name: MARIA S. LYNCH Title: P

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

Signature: [Signature]

Printed Name: MARIA Lynch Title: P

Signature: [Signature]

Printed Name: MARIA Lynch Title: P

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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TALLAHASSEE, 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: Health Ministries International Institute, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
21 Old King Road N
Suite 109 B Palm Coast
FL 32137

Mailing address, if different is:
19 Flamingo Ct
Palm Coast FL 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- 1. ATTENT SEMINARS/CONFERENCES, Homophaty
- 1. EDUCATED PEOPLE ABOUT HEALTH ISSUES.
- 1. STUDY OF THE SCRIPTURES (BIBLE/CHRISTIAN) TO GUARANTY good health
- 1. PRESENTATIONS /SPEAKERS, WITH ACURATE INFORMATION (NURSES
NOCES, THERAPY, LMT, MA, LPN, PCT.
- 1. Link TO OTHER Churches VIA SEMINAR ABOUT AWARENES HEALTH
- 1. COACH: CNA's, LMT, MA, DC, ABOUT HEALTHIER HABITS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA-S. LYNCH

Address: 21 Old Kings Road

N-Suite 109 B Palm Coast

Name and Title: JANIE DE JESUS GOMEZ

Address: 21 Old Kings Road

N-Suite 109 B Palm Coast

Name and Title: FL 32137

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

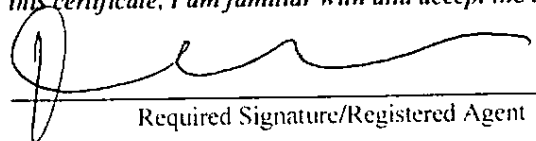
Name: MARIA LYNCH
Address: 19 Flamingo Ct
Palm Coast FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

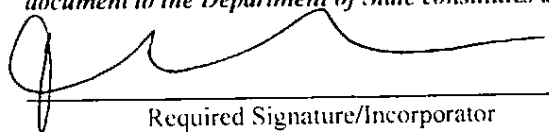
Name: MARIA LYNCH
Address: 19 Flamingo Ct
Palm Coast FL 32137

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

10/20/2018
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

10/20/2018
Date

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