

P190000 14260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: HUBSMITH Health Management  
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:

Linda HUBSMITH  
Contact Person

HUBSMITH Health Management  
Firm/Company

9251 Day Flower Dr  
Address

Tampa FL 33647  
City, State and Zip Code

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

For further information concerning this matter, please call:

Linda HUBSMITH at ( 813 ) 335 4633  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$405.00 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

**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:

Enter Name of Other Business Entity Hv.B Smith Heater Mangement, Corp. <sup>1-2011</sup> <sub>CA</sub>

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

on 2-22-2017  
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:

SUB Crp S

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

Hubbman Health Mangement, Corporation  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 12/20/18.

(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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19 FEB 25 PM 6:00  
ST. LOUIS  
-211-26

Signed this 20 day of December, 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: Linda J. HUBB

Printed Name: Linda J. HUBB Title: President

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

Signature: Linda J. HUBB

Printed Name: Linda J. HUBB Title: President

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**Florida Limited Partnership or Limited Liability Limited Partnership:**

Signature of ALL General Partners.

**Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**Others:**

Signature of an authorized person.

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  
19 FEB 25 PM 2:25  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
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:

HUBSMITH Health Management, Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

9251 DAY PLUMER DR

9251 DAY PLUMER DR

1119 NIKKI VIEW DR

Tampa FL 33647

Brandon FL 33511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Health Management

ARTICLE IV SHARES

Number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Hub Smith Director

Name and Title:

9251 DAY PLUMER DR

Address:

Tampa FL 33647

Title:

Name and Title:

Address:

Title:

Name and Title:

Address:

**REGISTERED AGENT**

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

Name: Stephen Nikolic

Address: 9251 Day Avenue  
Tampa FL 33647

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kunde H. Smith

Address: 9251 Day Avenue  
Tampa FL 33647

\*\*\*\*\*

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

Stephen Nikolic  
Required Signature/Registered Agent

12-26-18  
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.

Kunde H. Smith  
Required Signature/Incorporator

12-26-18  
Date

FILED  
19 FEB 25 PM 12:22  
STATE OF FLORIDA