

P19000038563

(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



300328444483

04/29/19--01036--023 **138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 29 PM 12:15

C RICO
APR 29 2019

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MAGNAMED MEDICAL TECHNOLOGY 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:

NATALIA MEDEIROS

Contact Person

CSG - CAPITAL SERVICES GROUP INC

Firm/Company

446 W HILLSBORO BLVD

Address

DEERFIELD BEACH, FL 33441

City, State and Zip Code

NATALIA@THEWAYGROUP.BIZ

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

For further information concerning this matter, please call:

NATALIA MEDEIROS

at (954) 427-4770

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input checked="" type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 29 PM 12:15

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:

MAGNAMED MEDICAL TECHNOLOGY LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (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 07/11/2016

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:

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

MAGNAMED MEDICAL TECHNOLOGY LLC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 07/04/2016

(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.

RECEIVED
DIVISION OF STATE
INCORPORATIONS
19 APR 29 PM 12:15

Signed this 23 day of APRIL, 2019.

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: CLAUDIO C. BACELAR Title: DIRECTOR

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

Signature: _____

Printed Name: CLAUDIO C. BACELAR Title: MANAGER

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.

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: MAGNAMED MEDICAL TECHNOLOGY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
1800 NW 15th AVE - UNIT 110

POMPANO BEACH, FL 33069

Mailing address, if different is:
1800 NW 15th AVE - UNIT 110

POMPANO BEACH, FL 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURING, IMPORT AND EXPORT OF MEDICAL DEVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAUDIO C. BACELAR - DIRECTOR

Address: 1800 NW 15th AVE - UNIT 110
POMPANO BEACH, FL 33069

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: MAGNAMED TECNOLOGIA MEDICAL

Address: Rua Desembargador Eliseu Guilherme
Sao Paulo, SP - Brazil 04004-030

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 29 PM 12:15

S. A
(PDS)

ARTICLE VI REGISTERED AGENT

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

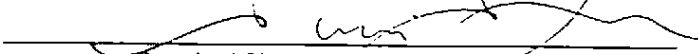
Name: CSG - CAPITAL SERVICES GROUP INC
Address: 446 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CLAUDIO C. BACELAR
Address: 1800 NW 15th AVE - UNIT 110
POMPANO BEACH, FL 33069

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

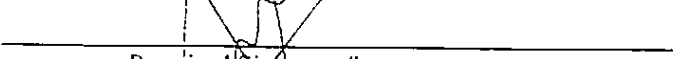


Required Signature/Registered Agent

04/23/2019

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

04/23/2019

Date