

P19000079086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

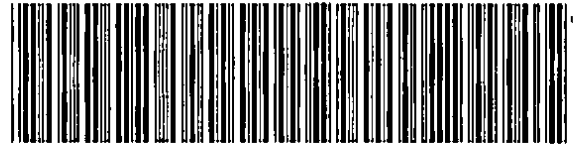
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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10 OCT 21 PM 4:23  
BY 60322



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2019

ROBERTO S DAVALOS  
11760 SW 40TH STREET, STE 335  
MIAMI, FL 33175

SUBJECT: DAVALOS HEALTH SERVICES  
Ref. Number: W19000017610

We have received your document for DAVALOS HEALTH SERVICES and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

**Davalos Health Services**

10025 SW 72 Street

Miami, FL 33173

Ph: 786-303-0652

Fax: 305-227-3151

10/10/2019

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

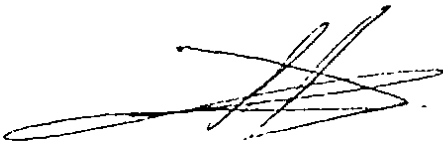
**Re: Davalos Health Services  
W19000017610**

Dear Sir/Madam:

We are in receipt of your correspondence dated February 22, 2019, and have made the requested changes. Please be advised the check we had originally submitted back in February of this year for \$113.75 to pay for the filing fees and certified copy was not returned to us with the rejected filing. Please see attached verification from our bank that our check was cashed on February 20, 2019. Therefore, we are enclosing the corrected documents with current dates, but have not included the fee as it has already been paid.

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

Thank you.

A handwritten signature in black ink, appearing to read 'Roberto S. Davalos', with a stylized, sweeping flourish at the end.

Roberto S. Davalos

RSD/mu

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Davalos Health Services, 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:

Roberto S. Davalos

Contact Person

Davalos Health Services, Inc.

Firm/Company

10025 SW 72 Street

Address

Miami, FL 33173

City, State and Zip Code

davaloshealthservices@gmail.com

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

For further information concerning this matter, please call:

Roberto S. Davalos

at (

786

)

303-0652

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 type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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:

Davalos Health Services, LLC

(47-104521)

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability 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 State of Florida

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

on May 10, 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:

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

Davalos Health Services, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 10/10/19

(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.

FILED  
19 OCT 21 PM 4:23  
HALL COUNTY, FLORIDA

Signed this 10th day of October, 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: Roberto S. Davalos Title: President

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

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

Printed Name: Roberto S. Davalos Title: MGR

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

Printed Name: Andrea V. Altamirano Title: VP

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)

19 OCT 21 PM 4: 23

**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: Davalos Health Services, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

10025 SW 72 Street

Miami, FL 33173

**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: One Hundred (100)

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Roberto S. Davalos - President

Address: 10025 SW 72 Street  
Miami, FL 33173

Name and Title: Andrea V. Altamirano - Vice President

Address: 10025 SW 72 Street  
Miami, FL 33173

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

19 OCT 21 PM 4:23  
DAVALOS HEALTH SERVICES, INC.  
DAVALOS

**ARTICLE VI REGISTERED AGENT**

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

Name: Roberto S. Davalos  
Address: 10025 SW 72 Street  
Miami, FL 33173


**ARTICLE VII INCORPORATOR**

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

Name: Roberto S. Davalos  
Address: 10025 SW 72 Street  
Miami, FL 33173


\*\*\*\*\*

*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

10/10/19  
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

10/10/19  
Date

19 OCT 21 PM 4:23  
FALL ARMS, FL 33107