P19000088920

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

Division of Corp	orations				
SUBJECT: Premier 140	alh Careers,	INC			
SUBJECT:	Name of l	Resulting Floric	la Profit (Corporation	
The enclosed Certificate Entity" into a "Florida Pr				es are submitted to convert an 15, F.S.	"Other Business
Please return all correspo	ondence concerning this	matter to:			
Henry Winters					
	Contact Person				
Premier Paths					
	Firm/Company				
107 DaVinci Dr					
	Address	• • • • • • • • • • • • • • • • • • • •	_		
Nokomis, Florida 34275					
(City, State and Zip Code	:			
hank@premierpaths.com					
E-mail address: (to	be used for future annu	al report notific	cation)		
For further information of	concerning this matter, j	olease call:			
Henry Winters		_at (300.94	144	
Name of Cor	ntact Person	Area	Code and	Daytime Telephone Number	
Enclosed is a check for t	he following amount:				
	☐\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified (☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center C			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

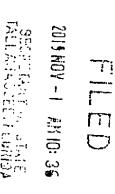
Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
Premier Health Careers, Inc
Enter Name of Other Business Entity
2. The "Other Business Entity" is a S- 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
(Enter state, or if a non-U.S. entity, the name of the country)
October 9, 2007 on
Enter date "Other Business Entity" was first organized, formed or incorporated
 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:
Premier Health Careers, 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 Florid: 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.

Page 1 of 2



Signed this 29 day of October	. 20_/9
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Offic Incorporator: Henry Winters Printed Name: Henry Winters Title: Presiden	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business E	
11 1.17	
Printed Name:	Title: Owner
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

. . . -

he name of the corporation shall be:	Heain Careers, Inc.
RTICLE II PRINCIPAL OFFICE	
he principal place of business/mailing address	s is:
Principal street address	Mailing address, if different is
07 Da Vinci Dr	
Nokomis, Florida 34275	
ARTICLE III PURPOSE The purpose for which the corporation is orga	
To conduct professional recruiting services	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AN	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AN	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AN Name and Title: Henry Winters - President 107 Da Vinci Dr	ID/OR DIRECTORS
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AN Name and Title: Henry Winters - President 107 Da Vinci Dr	D/OR DIRECTORS Name and Title:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AN Name and Title: Henry Winters - President 107 Da Vinci Dr	ID/OR DIRECTORS Name and Title: Address:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AN Name and Title: Henry Winters - President 107 Da Vinci Dr Nokomis, Fl 34275 Name and Title:	Name and Title: Name and Title: Name and Title:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AN Name and Title: Henry Winters - President 107 Da Vinci Dr Nokomis, FI 34275 Name and Title:	Name and Title: Name and Title: Name and Title:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AN Name and Title: Henry Winters - President 107 Da Vinci Dr Nokomis, Fl 34275 Name and Title:	Name and Title: Name and Title: Address: Address:

	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box No	OT acceptable) of the registered agent is:
Name:	Henry Winters	_
Address:	107 Da Vinci Dr	_
	Nokomis, FI 34275	_
<u>ARTICL</u>		
The <u>name</u>	and address of the Incorporator is:	
Name:	Henry Winters	
Address:	107 Da Vinci Dr	
	Nokomis Fl, 34275	
******* Having be this certifi	een named as registered agent to accept sicate, I am familiar with and accept the ap	ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
	Henry a fintery	10/29/2019
	Required Signature/Registered Agent	/ Dafe
I submit t document	this document and affirm that the facts st to the Department of State constitutes a t	ated herein are true. I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.
,	Required Signature/Incorporator	10/29/2019 Date

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