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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

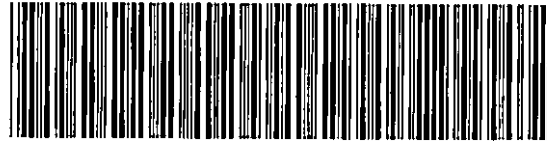
(Document Number)

Certified Copies _____

Certificates of Status _____

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19 NOV -1 AM 9:32
TOLSON, ROBERT H
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

D O'KEEFE

DEC 16 2019

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Premier Paths

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:

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 annual report notification)

For further information concerning this matter, please call:

Henry Winters

at (504) 300.9444

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input 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

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:

Service mark: Premier Paths, Applicant: 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 Louisiana
(Enter state, or if a non-U.S. entity, the name of the country)

on October 9, 2007
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**:

Premier Paths, 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.

11:10
-19 NOV -1 AM 9:33
RECEIVED
FLORIDA DEPARTMENT OF STATE

Signed this 29 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: Henry Winters

Printed Name: Henry Winters Title: President

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

Signature: Henry Winters

Printed Name: Henry Winters Title: Owner

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.

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 NOV -1 AM 9:33
NOTARIZED, 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: Premier Paths, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

107 Da Vinci Dr

Nokomis, Florida 34275

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct professional recruiting services

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Henry Winters - President

Name and Title:

Address: 107 Da Vinci Dr

Address:

Nokomis, FL 34275

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

19 NOV - 11 AM 9:33
Notary Public
State of Florida

ARTICLE VI REGISTERED AGENT

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

Name: Henry Winters
Address: 107 Da Vinci Dr
Nokomis, FL 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Henry Winters
Address: 107 Da Vinci Dr
Nokomis FL, 34275

I, 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

Henry Winters
Required Signature/Registered Agent

10/29/2019
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.

Henry Winters
Required Signature/Incorporator

10/29/2019
Date

19 NOV -1 AM 9:33
NOTARY PUBLIC
STATE OF FLORIDA