P200000 14945

| (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: |
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Office Use Only



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COVER LETTER

TO: **New Filing Section** Division of Corporations

JBS Medical, Inc

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Jordan Smith

Contact Person

JBS Medical, Inc

Firm/Company

4740 South Ocean Blvd #1209

Highland Beach, FL 33487

City, State and Zip Code

ismith22190@gmail.com

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

For further information concerning this matter, please call:

Richard W Hill

.798-9461

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$105.00 Filing Fees ■\$113.75 Filing Fees

and Certificate of

and Certified Copy

□\$113.75 Filing Fees □\$122.50 Filing Fees, Certified Copy, and Certificate of Status

Status

Mailing Address:

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

Street Address:

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

| 1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is: | |
|---|--|
| JB Smith Enterprises LLC | |
| Enter Name of the Converting Entity | |
| 2. The converting entity is a LLC L19 0000 9958 | 2 5 |
| (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) | JIVISION C |
| first organized, formed or incorporated under the laws of FLORIDA | <u> </u> |
| (Enter state, or if a non-U.S. entity, the name of the country) | 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| on 04/10/2019 | ည်း မ |
| Enter date "Converting Entity" was first organized, formed or incorporated. | ceardation |
| 3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: JBS Medical, Inc | |
| Enter Name of Florida Profit Corporation | |
| 4. This conversion was approved by the eligible converting entity in accordance with this chapter and the current/organic jurisdiction. | laws of its |
| 5. If not effective on the date of filing, enter the effective date: 01/02/2020 | |
| (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 listed as the document's effective date on the Department of State's records. | te will not be |
| | |

| gned this 21 da | December December | , 20_19 | |
|---|---|--|------------------------------------|
| equired Signature for | Florida Profit Corporation | | |
| Signature of Director, Of | ficer, of if Directors or Office | ers have not been selected, an Incorp | orator: |
| Printed Name: | an Smith Title: Pre | esident | |
| Required Signature(s) | on behalf of Copyerting Flo | rida partnerships, limited partners | hi <u>ps, a</u> nd limited liabili |
| companies: [See below | for required signature(s).] | • | - 1 |
| Signature: | | | |
| Printed Name: Jord | an Smith | President | |
| Signature: | | | |
| Printed Name: | | Title: | |
| Signature: | | | |
| Printed Name: | | Title: | |
| Signature: | | | |
| Printed Name: | | Title: | |
| Signature: | | | |
| Printed Name: | | Title; | |
| Signature: | | | <u>-</u> |
| Printed Name: | | Title: | |
| If Florida General Par Signature of one Genera | tnership or Limited Liabili al Partner. | ty Partnership: | |
| If Florida Limited Par Signatures of <u>ALL</u> Gen | tnership or Limited Liabili eral Partners. | ty Limited Partnership: | |
| <mark>If Florida Limited Lial</mark> Signature of a Member o | bility Company: or Authorized Representative | | |
| All others: Signature of an authorize | ed person. | | |
| Fees: | | 635.00 | |
| | rersion: Articles of Incorporation: | \$35.00 \$70.00 | |
| Certified Copy: Certificate of Sta | atus: | \$8.75 (Optional) \$8.75 (Optional) | |

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SICKLIARY OF STAIL

| ARTICLE I | NAME IDO NA II | . 1 1 | <u>-</u> | T 000 |
|-------------------|---|-----------------------------------|------------------------|------------|
| The name of t | he corporation shall be: JBS Medica | al, Inc | - 33 - ₩ | 47 GR |
| | PRINCIPAL OFFICE place of business/mailing address is: | | 9 | RPORATIONS |
| | Principal street address | Mailing address, if different is: | | |
| 4740 Soi | uth Ocean Blvd #1209 | | | - |
| Highlar | nd Beach, FL 33487 | | | - |
| The purpose Chang | m purpose for which the corporation is organized is: ge an existing LLC to a | Florida S Corp | | - |
| | | | , <u>-</u> | - |
| | | | | - |
| | | | <u> </u> | - |
| | | | | _ |
| ARTICLE | IV SHARES 1 | | | _ |
| | of shares of stock is: | | | |
| ARTICLE | | 8 | | |
| Name and T | Jordan Smith, President | Name and Title: | | |
| Address: | 4740 South Ocean Blvd #1209 | Address: | | _ |
| | Highland Beach, FL 33487 | | - | |
| Name and T | Title: | Name and Title | | |
| Address: | | Address | | |
| | | reduces. | | |
| Name and T | itle: | Name and Tak | | |
| Address: | | | | |
| | | Address: | | |

| ARTICLE The name | E VI REGISTERED AGENT and Florida street address (P.O. Box NOT acceptab | le) of the registered agent is: |
|-------------------------------|--|--|
| Name: | Jordan Smith | |
| Address: | 4740 South Ocean Blvd #1209 | |
| right cos. | Highland Beach, FL 33487 | |
| ******** Having b this certij | een named as registered agent to accept service of proficate, I am familiar with and accept the appointment of | ************************************** |
| | Required Signature/Registered Agent | Date |