

P20000027200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

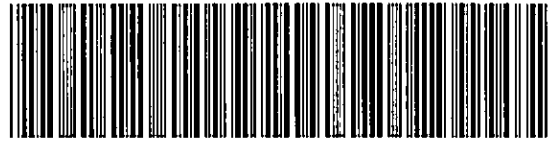
(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Promed Prime
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:

OKechukwu Adele
Contact Person

Promed Prime LLC
Firm/Company

11832 Sw 234th Terrace
Address

Homestead, FL 33032
City, State and Zip Code

okydele@gmail.com
E-mail address: (do not be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

OKechukwu Adele at (678) 927 4372
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 Status
- \$113.75 Filing Fees and Certified Copy
- \$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

L14000 141001

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:

Promed Prime LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a 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 6th of June 2018
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:

Promed Prime INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 6/30/2020
(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 will not be listed as the document's effective date on the Department of State's records.

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TALLAHASSEE, FLORIDA

Signed this 30th day of March, 2020.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: ~~Adele~~

Printed Name: Okechukwu Adele Title: President

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

Signature: ~~Adele~~

Printed Name: Okechukwu Adele 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.

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)

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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: Promed Prime INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

11832 Sw 234th terrace
Homestead, FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this Corporation is to engage
in all and any lawful act or activity for which
Corporations may be organized. This lawful
activity involves business transactions including
but not limited to procurement of all lawful
goods and services, equipments in the medical
industry and pharmaceutical goods and services

ARTICLE IV SHARES

The number of shares of stock is: 1 million shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Okochukwu Adele, President
Address: 11832 Sw 234th terrace
Homestead, FL 33032

Name and Title: Ijeoma Adele, Secretary
Address: 11832 Sw 234th terrace
Homestead, FL 33032

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

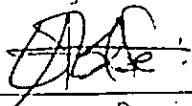
Name: Okechukwu Adele
Address: 11832 SW 234th Terrace
Homestead, FL 33032

ARTICLE VII INCORPORATOR

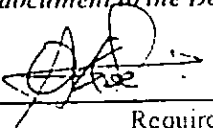
The name and address of the Incorporator is:

Name: Okechukwu Adele
Address: 11832 SW 234th Terrace
Homestead, FL 33032

.....
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

 Okechukwu Adele 3/30/2020
Required Signature/Registered Agent 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.

 Okechukwu Adele 3/30/2020
Required Signature/Incorporator Date

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