

P20000066103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

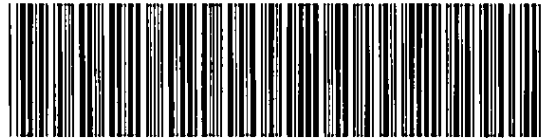
(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/20--01026--018 **105.00

CLERK OF COURT
TALLAHASSEE, FLORIDA

2020 AUG 25 AM 8:39

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2020

KARLEEN FOSTER
KLEINFELD LEGAL ADVISORS PA
801 NE 167 STREET, SUITE 306
NORTH MIAMI BEACH, FL 33162

SUBJECT: MEDI-SCAN INC.
Ref. Number: W20000062632

We have received your document for MEDI-SCAN INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Genral counsel is not a title,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 120A00012198

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TALLAHASSEE, FLORIDA
DIVISION OF STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **MEDI-SCAN 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:

KARLEEN FOSTER

Contact Person

KLEINFELD LEGAL ADVISORS PA

Firm/Company

801 NE 167 STREET, SUITE 306

Address

NORTH MIAMI BEACH, FL 33162

City, State and Zip Code

karleenfoster@kleinfeld.com

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

For further information concerning this matter, please call:

Karleen Foster at (**305**) **928-1500**

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

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2020 AUG 25 AM 8:39
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:

Medi-Scan LLC

Enter Name of the Converting Entity

2. The converting entity is a limited liability company
(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 September 25, 2018

Enter date "Converting Entity" was first organized, formed or incorporated.

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

Medi-Scan Inc.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

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.

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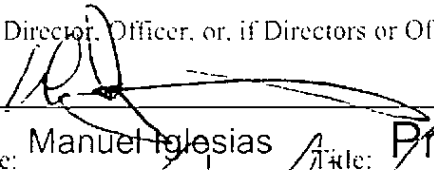
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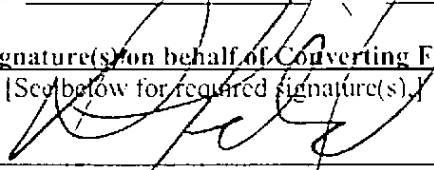
Signed this 5th day of June, 2020.

Required Signature for Florida Profit Corporation:

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

Signature: 
Printed Name: Manuel Iglesias Title: President

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 

Printed Name: Denis Kleinfeld Title: Manager

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

ARTICLE I NAME

The name of the corporation shall be: Medi-Scan Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

801 NE 167 Street # 306

North Miami Beach, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful activities

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: David Rubin, Chairman

Address: 90 Broad Street, 16th Floor
New York, NY 10004

Name and Title: Manuel Iglesias, President

Address: 1408 Brickell Bay Drive # 415
Miami, FL 33131

Name and Title: Denis Kleinfeld, General Counsel/Secretary

Address: 801 NE 167 Street
Suite 306

North Miami Beach, FL 33162

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

North Miami Beach, FL 33162

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Kleinfeld Legal Advisors PA

Address: 801 NE 167 Street, Suite 306

North Miami Beach, FL 33162

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

5 JUNE 2020

Date

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TALLAHASSEE FLORIDA