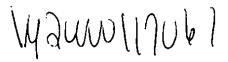
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| (Re | questor's Name) | |
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| (Ad | dress) | _ |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| FO: New Filing Se Division of Co | | . • | • | | |
|---|--|--|---------|---|---|
| SUBJECT: Ketal | • | • | | | |
| SUBJECT: | | Resulting Florida P | rofit (| Corporation | |
| | of Conversion, Articles o Profit Corporation" in acc | | | are submitted to convert the following eligible 33 & 607.0202, F.S. | e |
| Please return all corres | pondence concerning this | s matter to: | | | |
| Dustin Rob | inson, Esq. | | | | |
| | Contact Person | | | | |
| Mr. Cannat | ois Law | | | | |
| | Firm/Company | | | | |
| 1000 SE 2r | nd St. #6 | | | | |
| | Address | | | | |
| Fort Laude | rdale, FL 333 | 301 | | | |
| | City, State and Zip Code | e | | | |
| drobinson@ | mrcannabis | law.com | | | |
| E-mail address: (| to be used for future annu | ual report notification | on) | | |
| For further information | concerning this matter, | please call: | | | |
| Dustin Rob | inson | at (954) | 258 | 8-6084 | |
| Name of C | ontact Person | _ : | e 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 I and Certified Copy | | ☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status | |
| Mailing Add | | | | Address: | |
| New Filing Section Division of Corporations | | | | Filing Section on of Corporations | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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: | | |
|---|-----------------|--------------------|----------|
| KetaMD LLC | | | |
| Enter Name of the Converting Entity | | | |
| 2. The converting entity is a Limited Liability Company L2000 139 | 142 | _ | |
| (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) | | 2 | |
| Tirst organized, formed or incorporated under the laws of Florida (Enter state, or if a non II S. antity, the name of the country) | | 2020 OCT 26 | *I-Etten |
| (Enter state, of it a non-o.s. entry, the name of the country) | | CT | 7 |
| _{on} 05/21/2020 | .• | 26 | Ti Ti Ti |
| Enter date "Converting Entity" was first organized, formed or incorporated. | | AH 11: 27 | |
| : 3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation. | <u>:</u> on: | 27 | |
| KetaMD, Inc. | | | |
| Enter Name of Florida Profit Corporation | | | |
| 4. This conversion was approved by the eligible converting entity in accordance with this chapter a current/organic jurisdiction. | nd the | laws o | fits |
| 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 Department of State.) | | | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this isted as the document's effective date on the Department of State's records. | nis dat | te will n | iot be |

| Signed this 16th day of September | 20 |
|--|---|
| Required Signature for Florida Profit Corporation | <u>1:</u> |
| Signature of Director, Officer, or, if Directors or Officer | cers have not been selected, an Incorporator: |
| <u></u> | |
| Printed Name: Warren Gumpel Title: Chi | ief Executive Officer |
| Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).] | orida partnerships, limited partnerships, and limited liability |
| Signature: | |
| Signature:Warren Gumpel | Title: Member |
| 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 Liabilit Signature of one General Partner. | y Partnership: |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative. | |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Incorporation: | \$35.00 \$70.00 |
| Certified Copy: Certificate of Status: | \$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)

| name of the corporation shall be: KetaMD, II | nc. | |
|--|----------------|---|
| PRINCIPAL OFFICE principal place of business/mailing address is: | | |
| Principal street address | | Mailing address, if different is: |
| 300 NE 114th St. #2001 | <u> </u> | |
| orth Miami, FL | | |
| ricle III PURPOSE purpose for which the corporation is organized is: ny and all lawful business. | | |
| | | 2020 |
| | | 95 13g |
| | | |
| TICLE IV SHARES number of shares of stock is: 150,000 | 000 | 27 |
| TICLE V OFFICERS AND/OR DIRECTORS | <u> </u> | |
| ne and Title: Michael Zapolin (Executive Chairman) | Name and Title | Warren Gumpel (Chief Executive Officer) |
| Iress: 561 NW 35th Ln | Address: | 1800 NE 114th St. #2001 |
| Boca Raton, FL 33431 | | North Miami, FL |
| ne and Title: | Name and Title | : |
| ress: | Address: | |
| ne and Title: | Name and Title | |
| ress: | Address: | |
| | | |

| TICL. | E VI REGISTERED AGENT and Florida street address (P.O. Box NOT accepte | able) of the registered agent is: |
|--------|--|--|
| ne: | Warren Gumpel | · · · · · |
| lress: | 1800 NE 114th St. #2001 | |
| | North Miami, FL 33181 | |
| | | ************************************** |
| - | | 09/16/2020 |
| | Required Signature/Registered Agent | Date |
| | | |