

P20000089710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

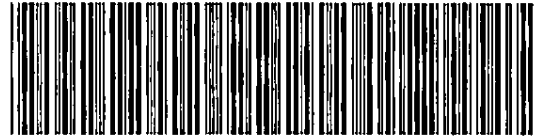
Special Instructions to Filing Officer:

Office Use Only

W200125266

NOV 19 2020

T. SCOTT



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10/15/20--01017--011 **105.00

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2020 NOV 15 AM 8:31
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CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2020

PINCHAS GOLDSTEIN
1124 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

SUBJECT: NATIONWIDE MEDICAL SUPPLIES INC.
Ref. Number: W20000125266

We have received your document for NATIONWIDE MEDICAL SUPPLIES 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):

NATIONWIDE MEDICAL SUPPLIES LLC is not active and registered agent must sign.,

The Certificate of Conversion must be signed by an authorized person.

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: 620A00021569

2020 NOV 16 AM 11:04

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **NATIONWIDE MEDICAL EAST**

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:

PINCHAS GOLDSHTEIN

Contact Person

Firm/Company

1124 KANE CONCOURSE

Address

BAY HARBOR ISLANDS, FL 33154

City, State and Zip Code

ABI@WATERSTONEHLEATHCARE.COM

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

For further information concerning this matter, please call:

ABI at (**305**) **861-8000**

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 Status and Certified Copy Certified Copy, and
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

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:

NATIONWIDE MEDICAL EAST 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 **10/05/2020**

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:**

NATIONWIDE MEDICAL SUPPLIES 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: **11/6/2020**

(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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FLORIDA


Signed this _____ day of _____, 20_____.

Required Signature for Florida Profit Corporation:

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

Printed Name: PINCHAS GOLDSHTEIN 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: PINCHAS GOLDSHTEIN Title: MANAGING 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 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: NATIONWIDE MEDICAL SUPPLIES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

1124 KANE CONCOURSE

BAY HARBOR ISLANDS, FL 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: PINCHAS GOLDSHTEIN, PRESIDENT

Name and Title: _____

Address: 1124 KANE CONCOURSE

Address: _____

BAY HARBOR ISLANDS, FL 33154

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

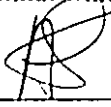
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ARTICLE VI REGISTERED AGENT

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

Name: PINCHAS GOLDSHTEIN
Address: 1124 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

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

Date