

P200000 92282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

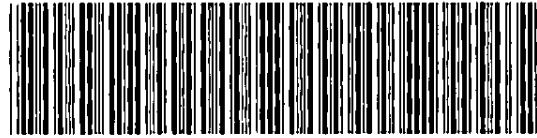
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/03/20--01001--009 **105.00

REC
2020 DEC -2 PM 3:57
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REC
2020 DEC -2 PM 3:25
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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. Neurateq Healthcare Systems, Inc.

Name Document Number (if known)

Walk in Will wait

Certified Copy

Certificate of Status

NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 INC

OTHER

AMENDMENTS

Amendment
 Resignation of R. A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion

Merger

OTHER FILINGS

Annual Report
 Fictitious Name
 Statement of Authority

APOSTIL () _____
COUNTRY

REGISTRATION/QUALIFICATIONS

Foreign
 Limited Partnership
 Reinstatement

Trademark
 Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Neurateq Healthcare System, 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:

Mercedes Dericho

Contact Person

Neurateq Healthcare System, Inc.

Firm/Company

1313 West Boynton Beach Blvd. 1B #346

Address

Boynton Beach, FL 33426

City, State and Zip Code

Mercedes.Dericho@gmail.com

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

For further information concerning this matter, please call:

Mercedes Dericho

Name of Contact Person

at (786) 389-9773

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

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:

Operation Art District Healthcare LLC
Enter Name of the Converting Entity

2. The converting entity is a limited liability company L19000061165
(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 03/04/2019
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:**

Neurateq Healthcare System, 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: (on date of filing).
(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.

2019 DEC -2 PM 3:25
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Signed this 1st day of December, 2020.


Required Signature for Florida Profit Corporation:

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



Printed Name: Mercedes Dericho Title: Director/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: Mercedes Dericho Title: MGR/MMBR

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: Neurateq Healthcare System, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1313 W. Boynton Beach Blvd. 1B, #346

Boynton Beach, FL 33426

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is a benefit corporation under Fla. Stat. § 607.604, and has the purpose of creating general public benefit. Specifically, the corporation is organized for the purpose of promoting health equality by providing convenient accessibility to all communities to healthcare services regardless of social and/or economic disparities or disposition, with the ultimate goal of reducing such disparities.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 (one million shares)

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Mercedes Dericho/President/Director

Name and Title: _____

Address: 1313 W. Boynton Beach Blvd. 1B #346

Address: _____

Boynton Beach, FL 33426

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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PROVIDED

ARTICLE VI REGISTERED AGENT

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

Name: Mercedes Dericho

Address: 1313 W. Boynton Beach Blvd. 1B #346
Boynton Beach, FL 33426

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

12/1/2020
Date