

P20000094178

(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

1/2000/26249

DEC 09 2020

T. SCOTT



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10/23/20--01009--004 **113.75

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2020 DEC -7 AM 8:22
STATE
OF FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2020

CHEYENNE MOSELEY
LEGALZOOM.COM, INC.
101 N BRAND BLVD., 10TH FL
GLENDALE, CA 91203

SUBJECT: OPTIMA HEALTH INSTITUTE, INC.
Ref. Number: W20000126249

We have received your document for OPTIMA HEALTH INSTITUTE, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete page 2 of conversion with date information.

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: 120A00021835

2020 DEC -7 AM 10:29

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OPTIMA HEALTH INSTITUTE, 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:

Cheyenne Moseley

Contact Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 10th Fl

Address

Glendale, CA 91203

City, State and Zip Code

optimahealthinstitute@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

at

(800)

773-0888

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

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:

OPTIMA HEALTH INSTITUTE, 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 08/08/2019

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:

OPTIMA HEALTH INSTITUTE, 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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STATE
FLORIDA

Signed this 16th day of September, 2020

Required Signature for Florida Profit Corporation:

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

Corlis Oliver

Printed Name: Corlis Oliver Title: President

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

Signature: Corlis Y. Oliver

Printed Name: Corlis Y Oliver 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 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: OPTIMA HEALTH INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

1456 E MICHIGAN STREET
ORLANDO, FL 32806

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice

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STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Corlis Oliver, President, Secretary

Address: 2236 SUMMER RAYE COURT
SAINT CLOUD, FL 34772

Name and Title: Corlis Oliver, Treasurer, Director

Address: 2236 SUMMER RAYE COURT
SAINT CLOUD, FL 34772

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Corlis Oliver
Address: 2236 SUMMER RAYE COURT
SAINT CLOUD, FL 34772

.....
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.

x

Corlis Oliver

Required Signature/Registered Agent

9/16/2020

Date

December 2, 2020

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Filing Articles of Conversion
OPTIMA HEALTH INSTITUTE, INC.
LZ Order #540435167



Dear Sir or Madam:

Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a copy of the rejection letter in lieu of the filing fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc.
101 N Brand Blvd 11th Floor
Glendale, CA 91203

If you have any questions, please call me at (800) 773-0888 ex 9724. Thank you for your help in this matter.

Sincerely,

Cheyenne Moseley
LegalZoom.com