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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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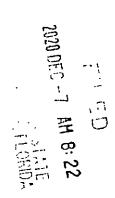
DEC 0-9 2020.

T. SCOTT



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16/20/20--01009--604 **113.75





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 pape 2 of coversion 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

COVER LETTER

TO: New	Filing	Section
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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:

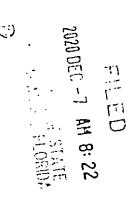
Cheyenne Moseley	ý			
Cor	nact Person			
Legalzoom.com, Ir	IC.			
Fin	n/Company			
101 N Brand Blvd	10th FI			
	Address			
Glendale, CA 9120	3			
City, Sta	nte and Zip Code	٠		
optimahealthinstitu				
E-mail address: (to be used	for future annu	al report noti	Tication)	
For further information concern	ing this matter, (olease call:		
Cheyenne Moseley	i	at (800	,773	3-0888
Name of Contact Pe	rson	<u> </u>	Code and	Daytime Telephone Number
Enclosed is a check for the follo	minā swonnt			
□ \$105.00 Filing Fees □\$113 and Cer Status	.75 Filing Fees rificate of	■S113.75 Fi and Certified	ling Fees Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314			New F Division The Co	Address: iling Section on of Corporations entre of Tallahassee

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.

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 Florid. 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.



Signed this 16th day of September	20_20
Required Signature for Florida Profit Corporation:	
Signature of Director, Officer, or, if Directors or Office	rs have not been selected, an incorporator:
Printed Name. Corlis Oliver Title: Pres	ident
Required Signature(s) on behalf of Converting Flori companies: [See below for required signature(s).]	da partnerships, limited partnerships, and limited liability
Signature: Costas Ed. Oa	ver
	Member
Signature:	
Printed Name:	
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	
H Florida Ceneral Partnership or Limited Liability P Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability L Signatures of ALL General Partners.	imited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees for Florida Articles of Incorporation: Certified Copy.	\$35.00 \$70.00 \$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)

ADTICIE	II PRINCIPAL OFFICE			
The principa	II PRINCIPAL OFFICE a) place of business/mailing address is:			
	Principal street address		Mailing address, if different is:	
1456 E	MICHIGAN STREET			•
ORLAN	NDO, FL 32806			-
	TII PURPOSE for which the corporation is organized is: Practice		2020 DE C	-
	i ractice		<u> </u>	7
			7 5 A	77
			8: 2:	
			2	
ARTICLE .	IV SHARES of stock is: 10,000			
ARTICLE A	V OFFICERS AND/OR DIRECTORS			
	V OFFICERS AND/OR DIRECTORS itle: Corlis Oliver, President, Secretary	Name and Title	Corlis Oliver, Treasurer, Director	
ARTICLE	V OFFICERS AND/OR DIRECTORS	Name and Title	Corlis Oliver, Treasurer, Director 2236 SUMMER RAYE COURT	-
ARTICLE Name and T	V OFFICERS AND/OR DIRECTORS itle: Corlis Oliver, President, Secretary	,	·	-
ARTICLE Name and T Address:	V OFFICERS AND/OR DIRECTORS itle: Corlis Oliver, President, Secretary 2236 SUMMER RAYE COURT	Address:	2236 SUMMER RAYE COURT	-
ARTICLE Name and T Address:	V OFFICERS AND/OR DIRECTORS itle: Corlis Oliver, President, Secretary 2236 SUMMER RAYE COURT SAINT CLOUD, FL 34772	Address:	2236 SUMMER RAYE COURT SAINT CLOUD, FL 34772	-
ARTICLE Name and T Address: Name and Ti	V OFFICERS AND/OR DIRECTORS itle: Corlis Oliver, President, Secretary 2236 SUMMER RAYE COURT SAINT CLOUD, FL 34772 itle:	Address: Name and Title	2236 SUMMER RAYE COURT SAINT CLOUD, FL 34772	-
ARTICLE Name and T Address: Name and Ti Address:	V OFFICERS AND/OR DIRECTORS itle: Corlis Oliver, President, Secretary 2236 SUMMER RAYE COURT SAINT CLOUD, FL 34772 itle:	Address: Name and Title Address:	2236 SUMMER RAYE COURT SAINT CLOUD, FL 34772	-
ARTICLE Name and T Address: Name and Ti Address:	V OFFICERS AND/OR DIRECTORS itle: Corlis Oliver, President, Secretary 2236 SUMMER RAYE COURT SAINT CLOUD, FL 34772 itle:	Address: Name and Title Address:	2236 SUMMER RAYE COURT SAINT CLOUD, FL 34772	-

œ.	and Florida street address (P.O. Box NOT acceptable) of the registered agent is Corlis Oliver
iress:	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

Required Signature/Registered Agent

Date

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