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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

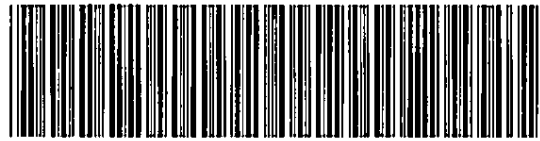
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SUBJECT: Twisted Ceptors Inc.
Name of Resulting Florida Profit Corporation

Please return all correspondence concerning this matter to:

mikemuscato@twistedcapers.com
E-mail address: (to be used for future annual report notification)

Michael A. Muscato at (407) 701-6951
Name of Contact Person Area Code and Daytime Telephone Number

☐ \$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

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

11-20-61

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:

Twisted Cepors, 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 January 28, 2016
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**:

Twisted Cepors 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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Signed this 22nd 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:

Michael A. Muscato

Printed Name: Michael A. Muscato Title: President

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

Signature: Michael A. Muscato

Printed Name: Michael A. Muscato Title: Manager

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)

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**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: Twisted Reptors Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
600 Northlake Blvd
Suite 260
Altamonte Springs, FL 32701

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Develop and provide radiology sharing network
that seeks to advance the patient/physician
communication experience.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: <u>Michael Muscat, President</u>	Name and Title: <u>Linda Collins, Secretary</u>
Address: <u>547 Fairfax Ave</u>	Address: <u>127 W. Fairbanks Ave</u>
<u>Winder Park, FL 32789</u>	<u>#503, Winder Park, FL 32789</u>

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: Linda Collins

Address: 127 W. Fairbanks Ave PMB 503
Winter Park, FL 32789

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

Linda Collins
Required Signature/Registered Agent

12-22-20
Date

11/22/2020 11:08:35