

P21 000020986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

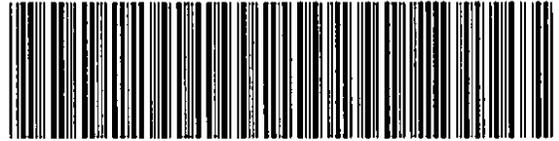
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
W2100004812

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01/04/21--01029--007 \*\*113.75

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2021 FEB 11 PM 1:23  
FILING OFFICE  
MONTGOMERY, AL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2021

KATINA KENNEDY  
1204 SANTA CATALINA LN  
NORTH LAUDERDALE, FL 33068

SUBJECT: DR. KATINA HEALTH AND WELLNESS INC.  
Ref. Number: W21000004812

2021 FEB 11 PM 1:23  
RECEIVED

We have received your document for DR. KATINA HEALTH AND WELLNESS 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Matthew T Moon  
Regulatory Specialist II Supervisor

Letter Number: 521A00001090

2021 FEB 11 PM 1:43

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Dr. Katina Health and Wellness 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:

Katina Kennedy  
Contact Person

Dr. Katina Health and Wellness  
Firm/Company

1204 Santa Catalina Ln  
Address

North Lauderdale, FL 33068  
City, State and Zip Code

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

For further information concerning this matter, please call:

Shanley McCray at ( 832 ) 792-8269  
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

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TALLAHASSEE, FL

110

**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:

Dr. Katina Health and Wellness, 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 12/23/2019  
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**:

Dr. Katina Health and Wellness 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: 01/01/2021  
(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.

L20000003511

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Signed this 23 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:

Katina Kennedy  
Printed Name: Katina Davis-Kennedy Title: President & CEO

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

Signature: Katina Kennedy  
Printed Name: 12/23/2019 Title: President & CEO

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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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Dr. Katina Health and Wellness Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6191 West Atlantic BLVD

1204 Santa Catalina Ln

Marhate, FL 33063

North Lauderdale, FL 33068

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dr. Katina Health and Wellness, LLC provides a HIPAA compliant and easy-to-use Telehealth audio and video capability that patients can access with just one click.

**ARTICLE IV SHARES**

The number of shares of stock is: 10000 1 (one)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Katina Davis-Kennedy

Name and Title: \_\_\_\_\_

Address: 1204 Santa Catalina Ln

Address: \_\_\_\_\_

North Lauderdale, FL 33068

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

2021 FEB 11 PM 1:23  
DR. KATINA DAVIS-KENNEDY

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Dr. Katina Dvis-Kennedy  
 Address: 1204 Santa Catalina Ln  
North Lauderdale, FL 33068

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 CLERK OF THE COURT  
 STATE OF FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Dr. Katina Davis-Kennedy  
 Address: 1204 Santa Catalina Ln  
North Lauderdale, FL 33068

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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.

*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*

*Katina Kennedy* 12/23/2020  
 Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Katina Kennedy* 12/23/2020  
 Required Signature/Incorporator Date