P2102266386	
(Requestor's Name) (Address) (Address)	700363044457
(City/State/Zip/Phone #)	04./02/2101015023 **113.75
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
WILLOOO 66365 Office Use Only	2021 JUL -8 AM II: 39 TALLARASSEE FLORID:



# FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2021

RODNEY NAIL 1121 S MILITARY TRAIL #383 DEERFIELD BEACH, FL 33442

SUBJECT: GLOBAL HEALTH SUPPORT INC Ref. Number: W21000066365

ALL LA AHIL

We have received your document for GLOBAL HEALTH SUPPORT 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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: 621A00010117

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www.sunbiz.org

TO: **New Filing Section** 83-2214558 **Division of Corporations** SUBJECT: Gl. bal Health Support Inc. Name of Resulting Florida Profit Corporation # 15000

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.

COVER LETTER

Please return all correspondence concerning this matter to:

•• .

Kodney Nail Contact Person Global Health Support Firm/Company

1121 S. M: 1: tary Trail <u># 383</u>

Deer Field Beach, Fl 33442 City, State and Zip Code

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

For further information concerning this matter, please call:

odney at (<u>959) 426 - 50 12</u> Area Code and Daytime Telephone Number Name of Contact Person

Enclosed is a check for the following amount:

□ \$105.00 Filing Fees □\$113.75 Filing Fees and Certificate of Status

and Certified Copy

X\$113.75 Filing Fees □\$122.50 Filing Fees. Certified Copy, and Certificate of Status

## Street Address:

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

**Mailing Address:** 

**New Filing Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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### **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:

Global Her 1th Support LLC # 83-2214558 Enter Name of the Converting Entity 2. The converting entity is a <u>LLC</u> (Enter entity type. Example: limited liability company, limited partnership. JUL -8 AM 11: 3' general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of <u>Florida</u> (Enter state, or if a non-U.S. entity, the name of the country) Enter date "Converting Entity" was first organized, formed or incorporated. 10/15/18

3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

Health Support 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: <u>On F. L. og</u> <u>D. He</u>. (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.

L18000236262

Required Signature for Florida Profit Corporation		
	-	
Signature of Director, Officer, or, if Directors or Offic	•	
Kodny lend		
Printed Name: Rodney No. Title: Printed Name: Rodney No.	es: dent	
Required Signature(s) on behalf of Converting Flor	ida partnerships, limited partnerships, a	nd limited liability
<u>companies:</u> [See below for required signature(s).]		
Signature: Noday / Van		-
Signature: Rodney Nail	_Title: President ICEO_	-
Signature:		
Printed Name:		2821
Signature:		JUL
Printed Name:		<b>6</b>
Signature:		E
Printed Name:		් ය
Signature:		
Printed Name:		
Signature:		
Printed Name:		
If Florida General Partnership or Limited Liability	Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability	Limited Partnership:	
Signatures of <u>ALL</u> General Partners.		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
<u>All others:</u> Signature of an authorized person.		
Franci		
Fees:		
Articles of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00	

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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in compnance with Chapter o		
<b>ARTICLE I</b> NAME The name of the corporation shall be: $G(0b_0)$ $He_0$	th Support Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address 1121 S. M. I. fr. y Trail #383	Mailing address, if different is:	
Deerfield Beach FL 33442		
<b>ARTICLE III PURPOSE</b> The purpose for which the corporation is organized is:		
To develope, manufacture and	dutribute medical devices	
		n 
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	A C	-
ARTICLE IV SHARES The number of shares of stock is: 100	39	
ARTICLE V OFFICERS AND/OR DIRECTORS		
Name and Title: Rodney Nail	Name and Title:	
Address: 1215 Militer Trail De	Address:	
Address: <u>1121 S. Militery Trail 198</u> Deerfield Beach FL 3344	2	
Name and Title:	Name and Title:	
Address:	Address:	
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:	Rodney Nail
Address:	565 Durhan T
	Deerfield Beach FL 33442

#### \*

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

3/30/21

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