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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: PRESTIGE BEHAVIOR	AL HEALTH CE	NTER, CORP
SUBJECT.	of Resulting Florida Pr	
The enclosed Articles of Conversion, Articles entity into a "Florida Profit Corporation" in a		fees are submitted to convert the following eligible .11933 & 607.0202, F.S.
Please return all correspondence concerning t	his matter to:	
ANA MARIA MAINEGRA -JIMEN	NEZ	
Contact Person		
JIMENEZ ACCOUTNIN	NG INC	
Firm/Company		
8150 SW 8 ST SUITE	203	
Address		
MIAMI FL 33144		
City. State and Zip Co	ode	
anamarcorp@att.net		
E-mail address: (to be used for future an	nual report notification	1)
For further information concerning this matter	•	
Ana Maria Mainegra-Jimenez	at (305)2	266-4153
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	s ■\$113.75 Filing F and Certified Copy	· ·
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Ne Di	reet Address: w Filing Section vision of Corporations e Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

Converting Eligible Entity

Ιπιο

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: PRESTIGE BEHAVIORAL HEALTH CENTER, LLC Enter Name of the Converting Entity LIMITED LIABILITY COMPANY 2. The converting entity is a (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 09/16/2020 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: PRESTIGE BEHAVIORAL HEALTH CENTER, CORP 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.

Signed this 21 day of U	JLY	20		
Required Signature for Florida Profit Corporation:				
Signature of Director Officer, or, i	f Directors or Officer	s have not been selected, an Incorporator:		
Printed Name: ZAIDA LAFFIT	TA Title: MAN	NAGER		
companies: [See below for require	d signature(s).]	la partnerships, limited partnerships, and I	imited liability	
Signature:	9			
Printed Name: KATIA PIN	MENTEL	Title: MANAGER		
Signature:				
Printed Name: ZAIDA LAI	FFITA	Title: MANAGER		
Signature:				
Printed Name:		Title:		
Signature:				
Printed Name:		_Title:		
Signature:				
Printed Name:	<u>.</u> .	Title:		
Signature:				
Printed Name:		Title:		
If Florida General Partnership or Signature of one General Partner.	Limited Liability P	artnership:		
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
If Florida Limited Liability Comp Signature of a Member or Authorize				
All others: Signature of an authorized person.				
Fees: Articles of Conversion: Fees for Florida Articles of Certified Copy: Certificate of Status:	Incorporation:	\$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)

ARTICLE I NAME PRESTIGE BEHA	VIORAL HEALTH CENTER, CORP	
The name of the corporation shall be:		
ARTICLE II PRINCIPAL OFFICE	2	
The principal place of business/mailing address is:		: ;
Principal street address	Maning address, it different is.	<u></u>
7318 W 20 AVE	7318 W 20 AVE	:-
HIALEAH FL 33016	HIALEAH FL 33016	<u>京</u> で い^
ARTICLE III PURPOSE The purpose for which the corporation is organized is: The purpose for which the corporation is organized.	ted is because the corporation have been	
restructured and we were advised ti change it to	S-corp to take the benefits of this status.	_
		-
		_
ARTICLE IV SHARES The number of shares of stock is: 1000		
ARTICLE V OFFICERS AND/OR DIRECTORS		
Name and Title: ZAIDA LAFFITA, PRESIDENT	KATIA PIMENTEL, VICE-PRESIDENT Name and Title:	Τ
7318 W 20 AVE	7318 W 20 AVE	_
Address:	Address.	
HIALEAH FL 33016	HIALEAH FL 33016	<u>) </u>
Name and Title:	Name and Title:	_
Address:	Address:	
·		
Name and Title:	Name and Title:	_
Address:	Address:	
		_
		_

The <u>name</u>	and Florida street address (P.O. Box NOT	Γacceptable) of the registered agent is:
Name:	ZAIDA LAFFITA	
Address:	7318 W 20 AVE	
	HIALEAH FL 33016	
•	E	vice of process for the above stated corporation at the place designated in
his certifi	icate, I am familiar with and accept the appo	ointment as registered agent and agree to act in this capacity
	4	07/21/2021
	Required Signature/Registered Agent	Date