

P220000030789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

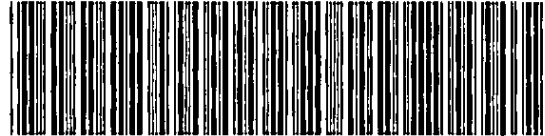
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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STATE OF NEW YORK
DEPT. OF TAXATION & FINANCE

W22-40621

17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Quality Therapeutics 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:

Bonnie Heier
Contact Person

Quality Therapeutics Inc
Firm/Company

7771 W Oakland Park Blvd Suite 105 F
Address

Ft. Lauderdale, FL 33351
City, State and Zip Code

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

For further information concerning this matter, please call:

Bonnie Heier at 954 , 290-0379
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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



resub

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2022

BONNIE HEIER
QUALITY THERAPEUTICS
7771 W OAKLAND PARK BLVD STE. 105 F
FT. LAUDERDALE, FL 33351

SUBJECT: QUALITY THERAPEUTICS INC
Ref. Number: W22000040621

We have received your document for QUALITY THERAPEUTICS INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The word " Owner " cannot be used for a title. Please correct all places where Owner has been used as a title.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 322A00007372

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:

Quality Therapeutics LLC
Enter Name of the Converting Entity

2. The converting entity is a LLC
(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 7-31-2017
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:

Quality Therapeutics 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: 4-26-22
(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 26 day of April, 20 22.

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

B. Heier

Printed Name: Bonnie Heier Title: president

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

Signature: B. Heier

Printed Name: Bonnie Heier Title: president

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)

**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: Quality Therapeutics Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
7771 W Oakland Park Blvd
Suite 105 F
Ft. Lauderdale, FL 33351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physical Therapy Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Bonnie Heier president Name and Title: _____

Address: 5265 NE 1st terrace Address: _____
Oakland Park, FL 33334 _____

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: Bonnie Heier

Address: 5265 NG 1st terrace
Oakland Park, FL 33334

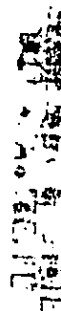
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4-26-22

Date



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