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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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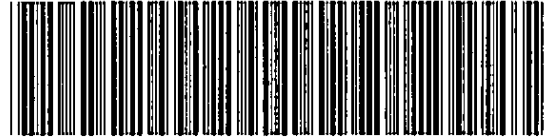
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2022

MEDSYNC, INC.  
665 PALOMAR DR., #210  
PENSACOLA, FL 32507

SUBJECT: MEDSYNC, INC.  
Ref. Number: W22000034462

We have received your document for MEDSYNC, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 822A00006270'

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Medsync, 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:

Leah Jaggernauth  
Contact Person

Medsync, Inc  
Firm/Company

2405 W. Coyote Trl  
Address

Rogers, AR 72758  
City, State and Zip Code

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

For further information concerning this matter, please call:

Leah Jaggernauth at ( 918 ) 430-8844  
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

**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:  
Medsync, Inc

Enter Name of the Converting Entity  
S-Corporation

2. The converting entity is a \_\_\_\_\_  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

Oklahoma  
First organized, formed or incorporated under the laws of \_\_\_\_\_  
(Enter state, or if a non-U.S. entity, the name of the country)

June 4, 2002  
on \_\_\_\_\_  
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**:  
Medsync, 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.

22 JUN 2002  
Filing Date  
2002 JUN 22  
Filing Date

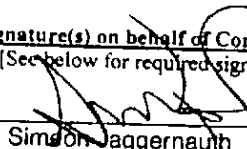
Signed this 14 day of April, 2022.

**Required Signature for Florida Profit Corporation:**

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

  
Printed Name: Simeon Jaggernauth Title: President

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

Signature:   
Printed Name: Simeon Jaggernauth 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.

<b><u>Fees:</u></b>		
Articles of Conversion:		\$35.00
Fees for Florida Articles of Incorporation:		\$70.00
Certified Copy:		\$8.75 (Optional)
Certificate of Status:		\$8.75 (Optional)

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

**ARTICLE I NAME** Medsync, Inc

The name of the corporation shall be: Medusync, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

4051 Barrancas Ave Suite G #186

Pensacola, FL 32507-3482

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
For Biotech research and development.

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**ARTICLE IV SHARES 500**

The number of shares of stock is: 300

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Simeon Jaggernauth- president

Address: 665 Palomar Dr Apt 210

Pensacola, FL 32507

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

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

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

Address:

\_\_\_\_\_

Age Group	Percentage of Respondents
18-29	65
30-49	75
50-69	82
70+	88

Leah Jaggenauth- Treasurer/Secretary

Name and Title: 665 Palomar Dr Apt 210

Address: Pensacola, FL 32507

Name and Title:

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

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

Address:

\_\_\_\_\_

Figure 1. Schematic diagram of the experimental setup. The subject is seated in a chair, viewing a screen displaying a target. The target is a horizontal line, and the subject is required to move a cursor to the target. The cursor is represented by a small circle on the screen. The subject's hand is positioned at the starting point, and the cursor is moved to the target. The distance between the starting point and the target is 10 cm. The subject is required to move the cursor to the target within a specified time limit. The experiment is controlled by a computer, which records the time taken for the cursor to reach the target and the distance traveled. The subject is required to perform this task for a specified number of trials.

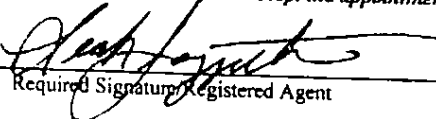
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**ARTICLE VI REGISTERED AGENT**

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

Name: Leah Jaggernauth  
Address: 665 Palomar Dr Apt 210  
Pensacola, FL 32507

.....  
*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

4-14-2022

Date