DJJ00000009998

(Requestor's Name)					
(Address)					
(Hadress)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Lucy gove outhorisation to add Inc to the name					
8/24 dec					
wrong form					

Office Use Only



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COVER LETTER

TO:	Registration S Division of C			
SHRI	ECT: Healing	Cures LLC		
3000	BC1		Limited Liability Co	ompany
Limite		s of Conversion and f mpany" into an "Otho		ed to convert a Florida " in accordance with
Please	return all corr	espondence concernir	ng this matter to:	
Lucy	M. Caicedo			
		Contact Person		•
Heali	ng Cures LLC	,		
		Firm/Company		•
225 1	NE 23 street /	Apt 512		
		Address		•
Miam	i, Florida, 331	137		. :
•	C	ity, State and Zip Code		•
healir	ngcures1@gn	nail.com		Ţ.
		be used for future annual	report notification)	.
For fu	rther informati	on concerning this ma	atter, please call:	·
Lucy M. Caicedo			at (786	, 406-2144
N	ame of Contact Po	erson		nd Daytime Telephone Number
Enclos	sed is a check t	or the following amo	unt:	
□ \$ 25.	.00 Filing Fee	\$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing F and Certified Cop	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 CR2E106 (07/14)		Registr Divisio P. O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2022

AUG 0 8 2022

LUCY M CAICEDO HEALING CURES LLC 225 NE 23 STREET, APT 512 MIAMI, FL 33137

SUBJECT: HEALING CURES LLC Ref. Number: L21000073109

We have received your document for HEALING CURES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong conversion form. You need the one that includes the Articles of Incorporation to form the new corporation.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 622A00015515

www.sunbiz.org

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:

healing Curer LLC
Enter Name of the Converting Entity
Enter Name of the Converting Entity 2. The converting entity type Example: limited liability company limited partnership
(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 03-01-2021
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> healing Cures Succ Enter Name of Florida Profit Corporation
Enter Name of Florida Front 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: 05.05.202. (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 3 day of August	, _{20_22} .					
Required Signature for Florida Profit Corporation:						
Signature of Director, Officer, or, if Directors or Officer Printed Name: LXY M. (uxedoritle: 6	<u> </u>					
	ida partnerships, limited partnerships, and limited liability					
Signature: See below for required signature(s).]						
Printed Name: Low M. Calcedo	Title:(EO					
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 Signature of one General Partner.	Partnership:					
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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$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)

The name of the corporation shall be: Healing	COVOT INC	
The name of the corporation shall be: 1 1 CCCCCCC	20,6, -,6	22 AUG 24
ARTICLE II PRINCIPAL OFFICE		24
The principal place of business/mailing address is:		玉
225 Ne 235tveet	Mailing address, if differ	rent is:
APT 5/2 Miami		
Florida		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
the purpose of this o	rganitation is to	provide
the purpose of this o	able healthcare	Service
And to improve the r	ealth OF OUR (or	nmonity
one person of the fir		
		
ARTICLE IV SHARES The number of shares of stock is: 1		
ARTICLE V OFFICERS AND/OR DIRECTORS		
Name and Title: LUCY M. Cai(edo CE	Name and Title:	
Address: 225 Ne 23 Street		
API 512 Miami F1 33		
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:

1.

Address:

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

8-3-2022 Date