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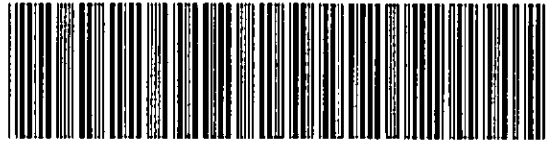
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **ALL WELL HEALTH SERVICES, 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:

Charlene Collins

Contact Person

Firm/Company

4731 NW 53rd Ave Suite 3

Address

Gainesville, FL 32653

City, State and Zip Code

info@charlenerene.com

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

For further information concerning this matter, please call:

Charlene Collins

Name of Contact Person

at (**727**) **314-5140**

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 Status and Certified Copy 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
Tallahassee, FL 32303

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:

ALL WELL HEALTH SERVICES, LLC

Enter Name of the Converting Entity

2. The converting entity is a **limited liability company**
(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 **May 16, 2022**
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**:

ALL WELL HEALTH SERVICES, 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: **01/01/2023**

(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 15 day of November, 2022

Required Signature for Florida Profit Corporation:

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

[Signature]
Printed Name Charlene Collins Title: President

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

Signature [Signature]
Printed Name Charlene Collins Title: MGR

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: ALL WELL HEALTH SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

4731 NW 53rd Ave Suite 3

Gainesville, FL 32653

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

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ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Charlene Collins/President

Address: 614 Turkey Crk
Alachua, FL 32615

Name and Title: Amanda Taylor/Vice President

Address: 9200 NW 39th Ave #3074
Gainesville, FL 32606

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Charlene Collins

Address: 614 Turkey Crk
Alachua, FL 32615

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

10/25/22

Date