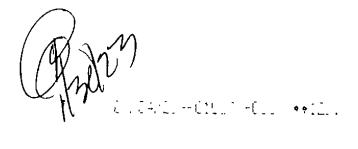
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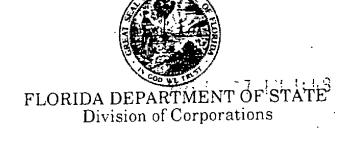
(Req	uestor's Name)	
(Add	ress)	
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(Čity	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name	=)
(Doc	ument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to F	iling Officer:	
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W23000	10203	7

Office Use Only



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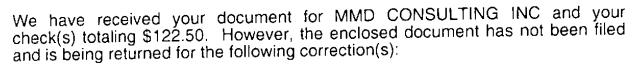


January 9, 2023

MONICA DEMITOR 830 A1A STE 13165 PONTE VEDRA BEACH, FL 32028

SUBJECT: MMD CONSULTING INC

Ref. Number: W23000002037



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L20000265551.

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.

Regulatory Specialist II

Www.sunbiz.org

Lefter Number: 423A00000537

Lefter Number: 423A00000537

Lefter Number: 423A00000537

Www.sunbiz.org

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

COVER LETTER

New Filing Section TO: Division of Corporations

MMD Healthcare Consulting Inc

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligi entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Monica Demitor Contact Person

MMD Healthcare Consulting Inc

Firm/Company

830 A1A Suite 13165

Address

Ponte Vedra Beach, FI 32082

City, State and Zip Code

mmdconsultinginc@gmail.com

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

For further information concerning this matter, please call:

Monica Demitor

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

and Certified Copy

□\$113.75 Filing Fees ■\$122.50 Filing Fees, Certified Copy, and Certificate of Status

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 81

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:
MMD Consulting Inc
Enter Name of the Converting Entity
2. The converting entity is a S Corporation
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
_{on} 09/04/2012
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: MMD Healthcare Consulting 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.
01/01/2023
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.



Signed this 23 day of January	, 2023	
Required Signature for Florida Profit Corporation;		
Signature of Director, Officer, or, if Directors or Officer	s have not been selected, an Incorporator	,,
Monea Werneton	<u></u>	
Printed Name: Monica Demitor Title: Pres	sident	
Required Signature(s) on behalf of Converting Florid	da partnerships, limited partnerships,	and limited liability
companies: [See below for required signature(s).] Signature:	emile	
Signature:Monica Demitor	President	_
		_
Signature:		_
Printed Name:		_
Signature:		_
Printed Name:		_
Signature:		····
Printed Name:		_
Signature:		_
Printed Name:		
Signature:		
Printed Name:		_
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	<u>Limited Partnership:</u>	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		2023 JAN 27 F SECRETARY O TALLAHASS
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)	RY OF STATE

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the	COTTOTS TO SUSTINE	Illicale Collociul	ig inc
	corporation state oc.	Ithcare Consultir	<u> </u>
TICLE II	PRINCIPAL OFFICE ce of business/mailing address is:		
: bimeibai bia		n c . '''	ic 1:00
AIA Suite 13165	Principal street address	Mailing accir	ess, if different is:
onte Vedra	a Beach, FL 32082		
	PURPOSE which the corporation is organized is:	the corporation	shall ha
··	pose or purposes of alwful act or activity for which corporations in		
<u> </u>			
TICLE IV			
	SHARES 200		
number of st	shares of stock is: 200		
TICLE V	officers and/or directors	<u> </u>	
TICLE V	officers and/or directors Monica Demitor, President	Name and Title:	
me and Title:	officers and/or directors Monica Demitor President	Name and Title:	
me and Title:	of stock is: 200 OFFICERS AND/OR DIRECTORS Monica Demitor, President	Name and Title:	
me and Title:	of stock is: 200 OFFICERS AND/OR DIRECTORS Monica Demitor, President 106 Sea Hammock Way Ponte Vedra Beach, FL 32082	Name and Title:Address:	
me and Title: dress:	OFFICERS AND/OR DIRECTORS Monica Demitor, President 106 Sea Hammock Way Ponte Vedra Beach, FL 32082	Name and Title: Address: Name and Title:	
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me and Title: dress:	OFFICERS AND/OR DIRECTORS Monica Demitor, President 106 Sea Hammock Way Ponte Vedra Beach, FL 32082	Name and Title: Address: Name and Title: Address:	SECRETALLA
me and Title: dress: me and Title: dress:	OFFICERS AND/OR DIRECTORS Monica Demitor, President 106 Sea Hammock Way Ponte Vedra Beach, FL 32082	Name and Title: Address: Name and Title: Address:	SECRETARY TALLARY
me and Title: dress: me and Title: dress:	OFFICERS AND/OR DIRECTORS Monica Demitor, President 106 Sea Hammock Way Ponte Vedra Beach, FL 32082	Name and Title: Address: Name and Title: Address: Name and Title:	SECRETARY OF TALLARY SEE
me and Title: dress: me and Title: dress:	OFFICERS AND/OR DIRECTORS Monica Demitor, President 106 Sea Hammock Way Ponte Vedra Beach, FL 32082	Name and Title: Address: Name and Title: Address: Name and Title:	SECRETARY OF TALLAHYSS

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

Name:

Monica Demitor

106 Sea Hammock Way

Ponte Vedra Beach, FL 32082

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

Required Signature/Registered Agent

SECRETARY OF STATE
TALL AHAS SEES TATE