P2300020423

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Cor | | • • | |
|---------------------------|---|--|--|
| SUBJECT: RMS F | Recruitment Co | nsultants INC | |
| SUBJECT. | | Resulting Florida Profit (| Corporation |
| | | Incorporation, and fees ordance with ss. 607.119 | are submitted to convert the following eligible 33 & 607.0202. F.S. |
| Please return all corresp | ondence concerning this | matter to: | |
| Roxanne Men | nella | | |
| | Contact Person | | |
| RMS Recruitm | nent Consultan | ts, Inc. | |
| | Firm/Company | | |
| 17240 Trappe | rs Drive | | |
| • | Address | | |
| Fort Myers, Fl | _ 33967 | | |
| | City. State and Zip Code | <u> </u> | |
| roxanne@rsh | ealthcare.com | | |
| E-mail address: (to | o be used for future annu | al report notification) | |
| For further information | concerning this matter, p | olease call: | |
| Robert Wolak | | at (585-789-1043 | |
| Name of Co | ontact Person | | 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 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 | s: | | |
|--|------------------|-----------------|-------------|
| RMS Recruitment Consultants INC | | | |
| Enter Name of the Converting Entity | - | | |
| 2. The converting entity is a Corporation | | | |
| (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 New York (Fater state, or if a non LLS, entiry, the name of the country) | | | |
| (Enter state, or if a non-U.S. entity, the name of the country) | | | |
| on 8/11/2021 | | | |
| Enter date "Converting Entity" was first organized, formed or incorporated. | | | |
| Enter Name of Florida Profit Corporation 4. This conversion was approved by the eligible converting entity in accordance with this chapter an current/organic jurisdiction. | d the law: | s of its | |
| 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 to Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records. | | | |
| and the second of the second on the population of state of the second. | TALL AHASSELL TL | 2023 HAR -6 All | The last of |

| Signed this day of | February | . 2023 | · | | | |
|---|---------------------|---------------------------|-----------------|------------------|-----------------|------|
| Required Signature for Florida P | | | | | | |
| Signature of Director, Officer, or, if | Directors or Office | have not been selected, a | n Incorporator: | | | |
| Printed Name: Robert Wola | ik_Title: CEC |) | | | | |
| Required Signature(s) on behalf of companies: [See below for require | ed signature(s).] | i) | artnerships, ar | <u>ıd limite</u> | <u>ed liabi</u> | lity |
| Signature: The Cunne | //lemelle | <u> </u> | | (| | |
| Printed Name: ROXUARE MAN | , / /// . | X Title: Chick opera | ing officers | (| | |
| Signature: | | | | | | |
| Printed Name: Robert WC | rlak | Title: <u>CEO</u> | T-1 STIE | | | |
| Signature: | | | | | | |
| Printed Name: | | Title: | | | | |
| Signature: | | | | | | |
| Printed Name: | | Title: | | | | |
| Signature: | | | | | | |
| Printed Name: | | Title: | | | | |
| Signature: | | | | | | |
| Printed Name: | | Title: | | | | |
| If Florida General Partnership or Signature of one General Partner. | · Limited Liability | Partnership: | | 14114 | 2023 HAR | |
| If Florida Limited Partnership or Signatures of <u>ALL</u> General Partner | | Limited Partnership: | | 12000 | 9- | |
| If Florida Limited Liability Comp Signature of a Member or Authoriz | | | | AHASSEL FERP | MM 7:2 | i. |
| All others: Signature of an authorized person. | | | | <i>3</i> ** | 25 | |
| Fees: Articles of Conversion: | | \$35.00 | | | | |

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees for Florida Articles of Incorporation: Certified Copy:

Certificate of Status:

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

| ARTICLE I | NAME e corporation shall be: RMS Recruit | ment Cons | ultants INC | | |
|----------------|---|----------------|-----------------------------------|--|--|
| The name of th | e corporation shall be: | | | | |
| ARTICLE II | PRINCIPAL OFFICE blace of business/mailing address is: | | | | |
| тие рапстрагр | - | | | | |
| | Principal street address | | Mailing address, if different is: | | |
| 7901 4th | St N, STE 300 | | | | |
| St. Peter | rsburg, FL 33702 | | | | |
| | r PURPOSE or which the corporation is organized is: Employment Agency | | | | |
| | | | | | |
| | | . | 2023 11 | | |
| | | | 1 AHA'SS | | |
| | | | ν σ γ σ | | |
| | | | · ;= | | |
| ARTICLE IV | SHARES shares of stock is: 999,999 | | C: 7: 25 | | |
| ARTICLE V | | | | | |
| | Robert Wolak, CEO | Name and Title | Roxanne Mennella, COO | | |
| Address: | 7901 4th St N STE 300 | Address: | 7901 4th St N STE 300 | | |
| | St. Petersburg FL 33702 | | St. Petersburg FL 33702 | | |
| Name and Titl | e: | Name and Title | »: | | |
| Address: | | Address: | | | |
| Name and Title | e: | Name and Title | | | |
| Address: | | Address: | | | |
| | | | | | |

| ARTICL The name | E VI REGISTERED AGENT and Florida street address (P.O. Box NOT ac | cceptable) of the registered agent is: |
|-----------------|---|--|
| Name: | Northwest Registered Agent LLC | |
| Address: | 7901 4th St N STE 300 | |
| | St. Petersburg FL 33702 | |
| ****** | ************ | ***** |
| | | e of process for the above stated corporation at the place designated is tment as registered agent and agree to act in this capacity |
| TT-N | / _{Summ} . | 2/1/2023 |
| | Required Signature/Registered Agent | Date |