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(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2022

LUCIANO PUENTES MEDICAL BILLING CONSULTANTS 1425 SW 27 AVE MIAMI, FL 33145

SUBJECT: ESPISAN CORP. Ref. Number: W22000157422

We have received your document for ESPISAN CORP. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 122A00028763

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www.sunbiz.org

Division of Corporations PO BOX 6327 Tollahassee Florida 22214

COVER LETTER

TO: New Filing Section Division of Corporations

ESpisan Corp. Name of Resulting Florida Profit Corporation SUBJECT:

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:

Lucizno Puentes

Medical Billing Consultants Firm/Company

1425 Sw 27 Ave

Mizni, FL 33145 City, State and Zip Code

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

For further information concerning this matter, please call;

Lucizno Prentes at (<u>305</u>) <u>463-6690</u> Ext 1000 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 □\$113.75 Filing Fees □\$122.50 Filing Fees, and Certificate of and Certified Copy Certified Copy, and Status

Certificate of Status

Mailing Address:

New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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New Filing Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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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:

	Enter Name of the Converting Entity
2. The converting entity is a	entity type. Example: limited liability company. limited partnership.
	entity type. Example: limited liability company, limited partnership. al partnership, common law or business trust, etc.)
first organized, formed or inco	

3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

Espiser (Dep 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.)

<u>Note:</u> 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.

AT ABASSE T 2023 MAR 21 AM 2: 2

Signed this 15 day of December	<u> </u>			
Required Signature for Florida Profit Corporation	<u></u>			
Signature of Director, Officer, or, if Directors or Offic	ers have not been selected, an Incorporator:			
Printed Name: Oscar J. Sentrale, Fitle:	ANDR			
Required Signature(s) on behalf of Converting Flo companies: [See below for required signature(s).] Signature: Over J Santaella (Dec 15, 2022 19 01 151)	rida partnerships, limited partnerships, a	<u>nd limite</u>	<u>d liabili</u>	<u>tv</u>
Printed Name: Oscar J. Santalla Signature: Oscar Is, 2022 19,03 (57)	Title: AMBR			
Signature:	Title: AMBR			
Signature:				
Printed Name:	Title:			
Signature:				
Printed.Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:				
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:			
<u>f Florida Limited Partnership or Limited Liability</u> Signatures of <u>ALL</u> General Partners.	Limited Partnership:			
f Florida Limited Liability Company: Signature of a Member or Authorized Representative.		-		
MI others: Signature of an authorized person.		AT AH	2023 MAR 2	.
<u>Fees:</u> Articles of Conversion; Fees for Florida Articles of Incorporation; Certified Copy:	\$35.00 \$70.00 \$8.75 (Optional)	AN ARASSES - TH	21 AM 2:	

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

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ARTICLE	I NAME		
The name o	f the corporation shall be: Espis	<u>×n Corp</u>	
	II PRINCIPAL OFFICE		
The principa	al place of business/mailing address is:		
4150	Principal street address EBSTJETE Dr	Mailing	address, if different is:
Aqt	.2101		
Or!	.2101 endo, FL 32839		
	III PURPOSE		
	e for which the corporation is organized is:		
-		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
ARTICLE The number	IV SHARES of shares of stock is:		X
ARTICLE			
Name and T	Title: OSCER J. Sentrelle, Al		
Address:	4150 Eastgete Dr. Apt 2	101 Address:	
	Orlando, FL 32839		
Name and T	ille: Oscar I. Santadla, AHBR	Name and Title:	
Address:	4150 Eastgate Dr, Apt 2	ورور Address:	2023
	Orlando, PL 32839		A HAR -
Name and T	itle:	Name and Title:	
Address:		Address:	
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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:	Oscar I. Santaella
Address:	4150 Eastgate Dr. Agt 2101
	Orlando, FL 32839

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

aella (D++ 35, 2022 39 C3 C 57) Oscarizada S

Required Signature/Registered Agent

12/15/2022 Date

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