# P23000044610

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INTER SECTION

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# **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: New Filing Section Division of Corporations
SUBJECT: ACCELUC 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:
JAMES DE MARCO Contact Person
ACCELUS, IN C. Firm/Company
4851 TAMIAMI TRAIL N., SUITE# 200 Address
NAPLES, FL 3403 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  ANG DEMARCO at (856) 906 - 5788  Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees  \$\sum \\$113.75 Filing Fees  \sum \\$113.75 Filing Fees  \sum \\$122.50 Filing Fees, and Certificate of  \text{and Certified Copy}  \text{Certified Copy, and  \text{Certificate of Status}}
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

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

#### 416

# **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:
ACCEZUS, LLC 17000012484  Enter Name of the Converting Entity
Cite Name of the Converting Entity
2. The converting entity is a LIMITED LIABILITY (SIMPANY
2. The converting entity is a LIMITED LIABILITY COIMPANY  (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
(Enter state, or if a non-U.S. entity, the name of the country)
on
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> ACC ELUS   NC.  Enter Name of Florida Profit Corporation
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: 1/1/2023 OR DATE OF THIS FOR M
(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 isted as the document's effective date on the December 1.50 and 1.50 and 1.50 are the document of the date will not be
isted as the document's effective date on the Department of State's records.

Signed this 18th day of APRIL	. 20_ 23	
Required Signature for Florida Profit Corporation		
Signature of Director, Officer, or, if Directors or Office	ers have not been selected, an Incorporate	or:
Samos Dellarco		
Printed Name: JAMES De Marco Title:	RESIDENT.	
Required Signature(s) on behalf of Converting Flor companies: [See below for required signature(s).]	rida partnerships, limited partnerships	and limited liability
Signature: Demarco	)	
Printed Name: SUSAN De MARCO	Title:	
Signature:		
Printed Name:		
Signature:		
Printed Name:		_
Signature:		_
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:	Title:	
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.	Limited Partnership:	2023 APR
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		$\cdot \tau$ $\sim$
All others: Signature of an authorized person.		PH 4:
Fees: Articles of Conversion:	#25.00	. <b> </b>
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)

DTICLE IL DRINGTRAL CROSS	
ARTICLE II PRINCIPAL OFFICE	
he principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
4851 TAMIAMI TRAILN. SUITE 200 NAPLE, FL 34103	
SUITE 200 NAPLE, fr 34103	
THE PURPOSE The purpose for which the corporation is organized is:	
- HEALTHCARE CONSULTING	COM DANY.
	- Crifering.
······································	
he number of shares of stock is:  RTICLE V OFFICERS AND/OR DIRECTORS	
he number of shares of stock is:  RTICLE V OFFICERS AND/OR DIRECTORS	Name and Title: TAMES Dollavio, PRESIDEN
RTICLE V OFFICERS AND/OR DIRECTORS	Name and Title: TAMES DOMANO, PRESIDENT Address: 4851 TAMIANI TIBAIL N
he number of shares of stock is:  RTICLE V OFFICERS AND/OR DIRECTORS	Name and Title: JAMES DOMANIO, PRESIDENT Address: 4851 TAMIANI TRAIL N Suitedw, NATRESER-341
ne number of shares of stock is:  RTICLE V OFFICERS AND/OR DIRECTORS  ame and Title: SUSAN De Marco, CEO M  ddress: 4851 JAMIAM, TRAIL N.  SUITE 200 NAPLES, IL 3/103	Name and Title: JAMES DOMANTO, PRESIDON Address: 4851 TAMIANI TRAIL N  Suited W, NATA E G. K. 341
he number of shares of stock is:  RTICLE V OFFICERS AND/OR DIRECTORS  ame and Title: SUSAN De Mayro, CEU II  ddress: 4851 [AMAM, TRAIL N. Suite 200, Narles, fl. 3/103]  ame and Title: Name a	Name and Title:
ARTICLE V OFFICERS AND/OR DIRECTORS  ame and Title: SUSAN DE Marco, CEU Marco	Name and Title:
RTICLE V OFFICERS AND/OR DIRECTORS  ame and Title: SUSAN De Marco, CEU Maddress: 4851 JAMIAM, TRAIL N.  SUITE 200, NAPLES, IL 34103  ame and Title: March Comments of the sum of	Address:
ddress: 4851 JAMIAM, TRAIL N.  SUITE 200, NAPLES, IL 34103  ame and Title:	Name and Title:

<u>ARTICL</u>	<u>E VI REGISTERED AGENT</u>
The name	and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	JAMES DeWARCO
Address:	4851 TAMIAMITRALN.
	SUITE 200, NAPLES, FL
	34103
******	*********
Having be this certifi	en named as registered agent to accept service of process for the above stated corporation at the place designated in cate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent