## P23000069509

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

Office Use Only



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07/25/23--01028--011 ++105.00



## COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Havit Healthcare	Inc.		
	Resulting Florida	a Profit C	Corporation
The enclosed Articles of Conversion, Articles o entity into a "Florida Profit Corporation" in acc			
Please return all correspondence concerning thi	s matter to:		
Dustin Pierson			
Contact Person		-	
F: (C		_	
Firm/Company			
8365 Cinch Way		-	
Address			
Lake Worth, FL 33467		_	
City, State and Zip Cod	le		
dr9891@gmail.com			
E-mail address: (to be used for future ann	ual report notific	ation)	
For further information concerning this matter,	please call:		
Dustin Pierson	at (561	√85€	6-1117
Name of Contact Person	Area (		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 Fili and Certified C	-	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:			Address:
New Filing Section Division of Corporations			Filing Section on of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

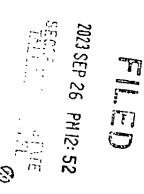
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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: Pierson Therapy Services LLC 200026575/ 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 09/01/2020 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: Havit Healthcare 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: 10/01/2023 (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 09	day of September		, 2023	
	for Florida Profit Corporation:			
Signature of Directo	r, Officer, or, if Directors or Office	rs have no	t been selected, an Incorporator:	
Printed Name: Dus	tin Pierson <sub>Title:</sub> Pres	siden	<u>t</u>	
companies: [See be	e(s) on behalf of Converting Flori			nd limited liability
	Just In			-
Printed Name:	Dustin Pierson	Title: _	President	-
Signature:		·		-
Printed Name:		Title: _		-
Signature:				
Printed Name:		Title: _		-
Signature:				-
Printed Name:		Title: _		-
Signature:				_
Printed Name:		Title: _		<del>-</del>
Signature:				_
Printed Name:		Title: _		_
If Florida General Signature of one Ge	Partnership or Limited Liability meral Partner.	Partners	<u>hip:</u>	
If Florida Limited Signatures of ALL	Partnership or Limited Liability General Partners.	Limited_	Partnership:	
	Liability Company: ber or Authorized Representative.			
All others: Signature of an auth	norized person.			<b>2023</b>
Fees: Articles of	Conversion:	\$35.00		SEP

\$70.00

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

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Incorporation:

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

	lealthcare Inc
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
3365 Cinch Way	
_ake Worth, FL 33467	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized	
Any and All lawful busine	SS
·	
ARTICLE IV SHARES 400	
ARTICLE IV SHARES The number of shares of stock is:	
	TORS
ARTICLE V OFFICERS AND/OR DIREC	<del></del>
Name and Title: Dustin Pierson, Presider	
Name and Title: Dustin Pierson, Presider	Name and Title:  Address:
Name and Title: Dustin Pierson, Presider 8365 Cinch Way Lake Worth, FL 334	Name and Title:  Address:
Name and Title: Dustin Pierson, Presider Address: 8365 Cinch Way  Lake Worth, FL 334	Address:  Name and Title:  Address:  Name and Title:
Name and Title:  Dustin Pierson, Presider  8365 Cinch Way  Lake Worth, FL 334	Address:  Name and Title:  Address:  Name and Title:
Name and Title: Dustin Pierson, Presider 8365 Cinch Way Lake Worth, FL 334 Name and Title: Address:	Address:  Address:  Address:  Address:  Address:  Address:
Name and Title: Dustin Pierson, Presider  8365 Cinch Way  Lake Worth, FL 334  Name and Title:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:
Name and Title: Dustin Pierson, Presider 8365 Cinch Way Lake Worth, FL 334 Name and Title: Address:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:

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

Name:

Name: Dustin Pierson

Address: 8365 Cinch Way

Lake Worth, FL 33467

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 Jamiliar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

