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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
		
Special Instructions to I	Filing Officer:	
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COVER LETTER

Division of Corporations		
SUBJECT: Solutions Health I	Holdings, Inc.	
	ne of Resulting Florida Pr	ofit Corporation
The enclosed Articles of Conversion, Articles of the enclosed Articles of Conversion, Articles in the enclosed Articles of Corporation in the enclosed Articles of Conversion in the enclosed Articles of Conversion in the enclosed Articles of Conversion, Articles of Conve		fees are submitted to convert the following eligible 11933 & 607.0202, F.S.
Please return all correspondence concerning	ng this matter to:	
Laurie M. Lee, Esq		
Contact Person	n	
The Legal Department for	or Service Professiona	ıls, PA
Firm/Company	y	
4540 Southside Blvd 902	2	
Address		
Jacksonville, FL 32216		
City, State and Zip	Code	
paralegal@thelegaldepa	rtment.law	
E-mail address: (to be used for future		1)
For further information concerning this ma	atter, please call:	
Lindy Hedges-Wright	-	860-3111x805
Name of Contact Person		and Daytime Telephone Number
Enclosed is a check for the following amo	unt:	
□ \$105.00 Filing Fees ■\$113.75 Filing and Certificate of Status	-	-
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D TI 24	reet Address: ew Filing Section vision of Corporations ac Centre of Tallahassee 15 N. Monroe Street, Suite 810 allahassee, FL 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

	Enter Name of the Converting Entity
2. The converting entity is	a Limited Liability Company
(Ent	er entity type. Example: limited liability company, limited partnership, aeral partnership, common law or business trust, etc.)
first organized, formed or in	recorporated under the laws of Florida (Enter state, or if a non-II Sentity, the name of the country)
	(Enter state, or if a non-o.s. cirity, the name of the country)
_{on} January 20, 20	018
Ente	er 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
Solutions Health	Holdings, 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: <u>February 23, 2024</u>. (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.

Signed this 19th day of February	2024				
Required Signature for Florida Profit Corporation:					
Signature of Director, Officer, or, if Directors or Officer. Printed Name: Corey Donnell Title: Pre					
companies: [See below for required signature(s).]	rida partnerships, limited partnerships, and limited liability				
Signature:					
Signature: Printed Name: Corey Donnell	Title: CEO/Member				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:				
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.					
All others: Signature of an authorized person.					
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00				

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

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 II			
The principal	place of business/mailing address is:		
	Principal street address	Mailing address, if differen	nt is
2329 W	hite Sands Dr		
Jacksor	rville, FL 32216		
	TO PURPOSE for which the corporation is organized is: d all lawful business.		
			 .
	V SHARES 10,000 f shares of stock is:		
ARTICLE	V OFFICERS AND/OR DIRECTORS	*& Director	
ARTICLE	V OFFICERS AND/OR DIRECTORS	rane and thee.	
ARTICLE	v officers and/or directors tlc: Corey Donnell,President	÷& Director Name and Title: Address:	
ARTICLE 1 Name and Tit Address:	v officers AND/OR DIRECTORS tlc: Corey Donnell, President 2329 White Sands Dr Jacksonville, FL 32216	Address:	
ARTICLE 1 Name and Tit Address:	v officers and/or directors tle: Corey Donnell,President 2329 White Sands Dr Jacksonville, FL 32216	rane and thee.	
ARTICLE Name and Tit Address: Name and Tit	v officers AND/OR DIRECTORS tlc: Corey Donnell, President 2329 White Sands Dr Jacksonville, FL 32216	Address: Name and Title:	
ARTICLE Name and Tit Address: Name and Tit Address:	officers AND/OR DIRECTORS tle: Corey Donnell, President 2329 White Sands Dr Jacksonville, FL 32216	Address: Name and Title:	

ARTIC		
The nan	ie and Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	Corey Donnell	
Address	2329 White Sands Dr	
	Jacksonville, FL 32216	
******	***************************************	**********************
	been named as registered agent to accept service of pro ificate, I am familiar with and accept the appointment a	cess for the above stated corporation at the place designated ir s registered agent and agree to act in this capacity
	1/2n	2/19/2024
	Required Signature/Registered Agent	Date