P24000046756

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PICK-UP WAIT MAIL				
(Business Entity Name)				
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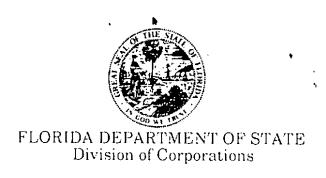


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May 17, 2024

LAURIE M. LEE, ESQ. 4540 SOUTHSIDE BLVD STE 902 JACKSONVILLE, FL 32216 US

SUBJECT: AML HEALTH, INC. Ref. Number: W24000075901

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

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 424A00010861

KAIN COSTELLO Regulatory Specialist II New Filing Section

COVER LETTER

TO:	New Filing Sec Division of Cor					
CUDI	ECT: AML H	~				
20B1	ECT:	Name of I	Resulting Florida	Profit (Corporation	
The en	nclosed Articles o into a "Florida Pr	f Conversion, Articles of ofit Corporation" in acco	Incorporation, and incorporation, and incorporation in the incorporation	nd fees 07.119:	are submitted to convert the following eligi 33 & 607.0202, F.S.	ble
Please	return all corresp	condence concerning this	matter to:			
Lau	ırie M. Lee	, Esq.				
		Contact Person				
The	Legal Departm	nent for Service Prof	essionals, PA			
		Firm/Company				
454	10 Southsid	de Blvd, Suite 9	02			
		Address				
Jac	ksonville, l	FL 32216				
		City, State and Zip Code	;			
		aldepartment.la		ion)		
For fi	uther information	concerning this matter, p	olease call:			
Lau	ırie M. L <u>e</u> e		at (904	J	-3111	
	· Name of Co	ontact Person	Area Co	ede and	Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
□ \$ 1	05.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Co	_	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Adding New Filing Section of Control P.O. Box 632	ection orporations 7		New P Division The Co 2415 P	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

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:
AML Health, LLC
Enter Name of the Converting Entity
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)
2/12/2021
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: AML Health, 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: August 1, 2024 (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.
CAGE AND 16 PH 6: 20 PHAISON SEE FLORIDGE TALL MASSEE FLORIDGE TO THE PHAISON OF THE PHAISON O

Signed	this 28th	day of	June		₂₀ 24	 •	
		e for Florida					
	Kin	Mr O	In			orporator:	
Printed	Name: Re	ne Pulid	OTitle:	Presi	aent	-	
compa	nles: [See be	elow for requi	of Convert	ing Florid (s).]	a partnerships, limited partne	rships, and limited liabi	<u>lity</u>
Signah		ne Pulid	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Title: Manager/Mem	 ber	
Printed	Name:	ne Pulid			Title: Wallagol/World		
Signatu	re:						
Printed	Name:				Title:		
Signatu	ıre:						
Printed	Name:				Title:	<u></u>	
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Printed	Name:				_Title:		
<u>If Flor</u> Signat	ida General ire of one Ge	Partnership neral Partner.	or Limited	Liability P	'artnership:	()	
<u>If Flor</u> Signati	ida Limited ires of <u>ALL</u> (<u>Partnershio</u> General Partn	or Limited l ers.	<u>Liability L</u>	imited Partnership:	CASTALLAND TALLAND	و السام
		Liability Cor ber or Author		ntative.		L 91 / 18	
All oth Signati		orized person				PH 6: 4	7
Fees:	Articles of C Fees for Flo Certified Co Certificate of	erida Articles e opy:	of Incorporat	tion:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	€ D ⊂	

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

ARTICLE I The name of the	he corporation shall be: AML Health,	nc.	
ARTICLE II			
	Principal street address	Mailing address, if different is:	
2624 At	lantic Blvd, Suite 04		
Jackson	ville, FL 32207		
• •	for which the corporation is organized is:		
Any and	l all lawful purpose.	<u> </u>	
	<u></u>	<u> </u>	20
		CAS VISIO IALLA	ير المراجع
 ,		An A	
		HISP ORPO EE, F	יין ס <u>י</u> פיין סי
		Office Of	 :
ARTICLE I	V SHARES f shares of stock is:	dD .	
	V OFFICERS AND/OR DIRECTORS		
	Rene Pulido, PD	Name and Title:	
Address:	2624 Atlantic Blvd, Suite 04	Address:	
	Jacksonville, FL 32207		
Name and Tit	tle:	Name and Title:	
Address:		Address:	
.,		Name and Title:	
	tle:	Name and Title:	
Address:		Address:	

The name	and Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:	
Name:	Laura A. Pulido	. , ,	
Address:	2624 Atlantic Blvd, Suite 01		
7 1331 000.	Jacksonville, FL 32207		
	1		·
		of process for the above stated corporation at the planent as registered agent and agree to act in this capa	
	A July	05-2-2024	
	Required Signature/Registered Agent	Date	
		DIVISION TALLA	10r 100
		RANCHISIN OF CORPCR PASSEE, FL	H4 91
		VIDEO RATICH CORPUS	6. 7