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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

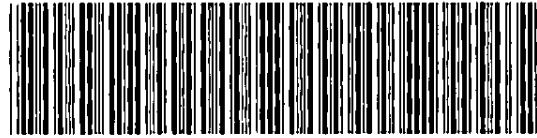
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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REC  
2020 DEC -2 PM 3:57  
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REC  
2020 DEC -2 PM 3:25  
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FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_\_\_\_  
(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

1. Neurateq Healthcare Systems, Inc.

Name Document Number (if known)

Walk in  Will wait

Certified Copy

Certificate of Status

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 INC

OTHER

**AMENDMENTS**

Amendment  
 Resignation of R. A. Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Conversion

Merger

**OTHER FILINGS**

Annual Report  
 Fictitious Name  
 Statement of Authority

APOSTIL ( ) \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

Foreign  
 Limited Partnership  
 Reinstatement

Trademark  
 Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Neurateq Healthcare System, 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:

Mercedes Dericho

Contact Person

Neurateq Healthcare System, Inc.

Firm/Company

1313 West Boynton Beach Blvd. 1B #346

Address

Boynton Beach, FL 33426

City, State and Zip Code

Mercedes.Dericho@gmail.com

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

For further information concerning this matter, please call:

Mercedes Dericho

Name of Contact Person

at ( 786 ) 389-9773

Area Code and 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 Filing Fees and Certified Copy     \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
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:

Operation Art District Healthcare LLC  
Enter Name of the Converting Entity

2. The converting entity is a limited liability company L19000061165  
(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 03/04/2019  
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:**

Neurateq Healthcare System, 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: (on date of filing).  
(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.

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Signed this 1st day of December, 2020.


**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

  
\_\_\_\_\_

Printed Name: Mercedes Dericho Title: Director/President

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature:   
\_\_\_\_\_

Printed Name: Mercedes Dericho Title: MGR/MMBR

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 Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

**ARTICLE I NAME**

The name of the corporation shall be: Neurateq Healthcare System, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1313 W. Boynton Beach Blvd. 1B, #346

Boynton Beach, FL 33426

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation is a benefit corporation under Fla. Stat. § 607.604, and has the purpose of creating general public benefit. Specifically, the corporation is organized for the purpose of promoting health equality by providing convenient accessibility to all communities to healthcare services regardless of social and/or economic disparities or disposition, with the ultimate goal of reducing such disparities.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000 (one million shares)

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Mercedes Dericho/President/Director

Name and Title: \_\_\_\_\_

Address: 1313 W. Boynton Beach Blvd. 1B #346

Address: \_\_\_\_\_

Boynton Beach, FL 33426

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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PROVIDED

**ARTICLE VI REGISTERED AGENT**

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

Name: Mercedes Dericho

Address: 1313 W. Boynton Beach Blvd. 1B #346  
Boynton Beach, FL 33426

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

12/1/2020  
Date