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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

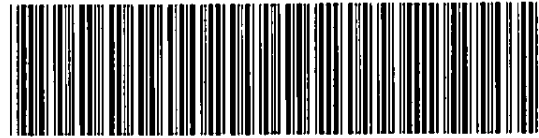
(Business Entity Name)

(Document Number)

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

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2025 FEB 21 PM 3:12

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$113.75

Authorization Signature 

RESPONSERX, INC

Business Name

#Document

Walk in

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       Certified Copy

       Certificate of Status

**NEW FILINGS**

       Profit  
       Not for Profit  
       LLC  
       Domestication  
  X   INC  
       CORP  
       LP

**AMENDMENTS**

       Amendment  
       Resignation of R.A.  
       Change of Registered Agent  
       Revocation of Dissolution  
       Conversion  
       Statement of Authority  
       Merger  
       **REVOCATION OF DISSOLUTION**

**OTHER FILINGS**

       TRANSMITTAL LETTER  
       Fictitious Name  
       Statement of Authority  
       APOSTIL                       
                    COUNTRY

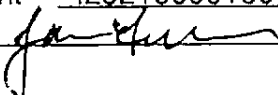
**REGISTRATION/QUALIFICATIONS**

       Foreign Filing  
       Partnership  
       Reinstatement  
       Statement of CORRECTION  
       Domestication of a Foreign Corp.  
                            Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$113.75

Authorization Signature 

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EXAMINER'S INITIALS:

**COVER LETTER**

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

**SUBJECT:** RESPONSERX, 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:

Carleton Wilkins

Contact Person

Ingenuity Marketing, LLC

Firm/Company

220 E. Forsyth Street, Suite B

Address

Jacksonville, Florida 32202

City, State and Zip Code

carleton@ingenuity.cc

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

For further information concerning this matter, please call:

Carleton Wilkins

at ( 904 ) 625-7920

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosure is attached for the following amount:

Letter of Incorporation ☒ \$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:

**RESPONSERX, 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)

on **February 5, 2025**

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**:

**RESPONSERX, 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 country of jurisdiction.

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(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.)

**Noting** that the information 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 by \_\_\_\_\_ 21st day of February, 2025

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Carleton Wilkins Title: Incorporator

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

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

Printed Name: Carleton Wilkins Title: 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 Liability Limited Partnership:**

Signature of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**ALL: 21**

Signature of a natural person.

**Fees:**

|                            |                   |
|----------------------------|-------------------|
| Articles of Incorporation: | \$35.00           |
| Articles of Incorporation: | \$70.00           |
| Amended:                   | \$8.75 (Optional) |
| Amended:                   | \$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**      **RESPONSERX, INC.**

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business and mailing address is:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Mailing address, if different is:

\_\_\_\_\_  
226 E. Forsyth Street, Suite B  
\_\_\_\_\_  
Jacksonville, Florida 32202  
\_\_\_\_\_

**ARTICLE III      PURPOSE**

The purpose of the corporation is organized is:

\_\_\_\_\_  
any other purpose  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV      SHARES**      **10,000**

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V      OFFICERS AND/OR DIRECTORS**

Name: \_\_\_\_\_  
Carleton Wilkins, President

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

Address: \_\_\_\_\_  
226 E. Forsyth Street, Suite B  
\_\_\_\_\_  
Jacksonville, Florida 32202  
\_\_\_\_\_

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

Name: \_\_\_\_\_

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

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

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

Name: \_\_\_\_\_

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

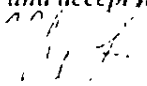
Name McLauchlin Law, PLLC

Address 7645 Gate Parkway, Suite 106

Jacksonville, Florida 32256

\*\*\*> \*\*\*\*\*

*Having been personally acquainted with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Registered Agent

February 21, 2025  
Date