L12000034875

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

Office Use Only



700224159087

03/09/12--01012--008 **150.00



D. BRUCE MAR 1 2 2012

EXAMINER

TO: Registration Section Division of Corporations	
SUBJECT: Il Partners, LLC	
(Name of Resulting Florida Limit	led Company)
The enclosed Certificate of Conversion, Articles of Organizati "Other Business Entity" into a "Florida Limited Liability Con	
Please return all correspondence concerning this matter to:	
Paula M. Younger	
(Contact Person)	
Sims & Younger, CPAs, PLLC	
(Firm/Company)	
203 SE 2nd Avenue	
(Address)	
Okeechobee, FL 34974	
(City, State and Zip Code)	
paula@simsyounger.com	
E-mail address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Paula M. Younger at (863)	467-3000
	nd Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of status \$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Il Partners, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation P09000079239
(Enter entity type. Example: corporation, 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 09-17-2009
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the ways which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
II Partners, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: <u>Q3-Q3-2012</u> (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

) ,		
Signed this 6th day of March	20 <u>12</u>	
	oresentative of Limited Liability Companated in this document are true. Any false in ed for in s.817,135, F.S.	
Signature of Member or Authorized Representation Name: Lori L. Blair	sentative: Title: Manager Member	
Signature(s) on behalf of Other Business E this document are true. Any false informa s.817.155, F.S. [See below for required sign	Entity: Individual(s) signing affirm(s) that to tion constitutes a third degree felony as pronature(s).	he facts stated in ovided for in
Simulation M 1-11		
Printed Name: Marcel L. LaRose	Title: Manager Member	
Signatura		
Printed Name:	Title:	
		
Signature:	Title:	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
		₹
Signature:	Title:	<u> </u>
rimed Name.	1100.	— 30 § 71
Signature:		
Printed Name:	Title:	
MEDICAL CONTRACTOR		
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire	ctor, or Officer	
If Directors or Officers have not been selecte		377 2
	•	
If Florida General Partnership or Limited Signature of one General Partner.	<u>Liability Partnership:</u>	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
	Page 2 of 2	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
•	
II Dowlmana I I C	
Il Partners, LLC (Must end with the words "Limited Liability Company, the abbrevia	tion "I I C " or the designation "I I C ")
(Musi end with the words Eminted Elabitity Company, the abbrevia	mon E.E.C., of the designation EEC.
ARTICLE II - Address:	
The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
040 01410 1 01	242 CM 2nd Changt
312 SW 2nd Street	312 SW 2nd Street Okeechobee,FL 34974
Okeechobee, FL 34974	Oreeninbee, L. 54574
ARTICLE III - Registered Agent, Registered Of	ffice, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered	Agent. You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of the regis	stered agent are:
Ţ.	
Lori L. Blair	
N	ame
2201 SW 28th Street \	/illa 49
2201 SW 28th Street Villa 49 Florida street address (P.O. Box NOT acceptable)	
rionda street address (r.	O: Box (NOT acceptable)
Okeechobee	FL 34974
City, Sta	ate, and Zip
	-
	ot service of process for the above stated limited liability
	hereby accept the appointment as registered agent and
agree to act in this capacity. I further agree to comp	
proper and complete performance of my duties, and position as registered agent as provided for in Chap.	
position as registered agent as provided for in Chap	1000, F.S.
(Vail	
T WUT	F)//.
Registered/Age	nt's Signature (REQUIRED)
1/2/11/09	
1/	

Page 1 of 2

(CONTINUED)

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managir	Member	
MGRM	Lori L. Blair	
	2201 SW 28th Street Villa 49	_
	Okeechobee,FL 34974	-
	Okeeshobee,i L 043/4	-
MGRM	Marcel L. LaRose	_
	2339 SW 2nd Court	_ _
	Okeechobee,FL 34974	_
		_
		-
		-
		-
	<u> </u>	-
		-
(Use attachment if n	essary)	
`		
ICLE V: Effective d	, if other than the date of filing: 03-09-2012	
	(OPTIONAL)	
*	t be prior to nor more than 90 days after the date this docu	•
	State; AND 2) must be the same as the effective date listed	in the attached
ificate of Conversion	an effective date listed therein.)	
MUDED CICNATHI		
<u>DUIRED</u> SIGNATUI		
YB.	Sh ll.	
dv_0	(N)	声響る
Signature of	emper or an authorized representative of a member.	M E T
Signary Oi (170.000
1 / 0	609 409(3) Floride Statutes the execution of this document constitutes of	. Million at low under
(In accordance with secti	608.408(3), Florida Statutes, the execution of this document constitutes at the facts stated herein are true. I am aware that any false information sub-	n a frammation under
(In accordance with secti the penalties of perjury t	608.408(3), Florida Statutes, the execution of this document constitutes at the facts stated herein are true. I am aware that any false information subit of State constitutes a third degree felony as provided for in s.817.155, F	manifect in a
(In accordance with secti the penalties of perjury t	the facts stated herein are true. I am aware that any false information subt of State constitutes a third degree felony as provided for in s.817.155, F.	market in a