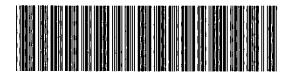
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Con,

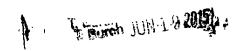
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15 JUN 17 PM L: 38



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Optima Healthcare Solutions, LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Louis E. Lozeau, Jr. (Contact Person)
Wright, Ponsoldt t Wzean, Trial Attorneys, Lep (Firm/Company) DO2 SE Monterey Commons Blod. Swite 100 (Address)
202 St Monterey Commons Blod, Suite 100
Stuart FZ 34996 (City, State and Zip Code)
(City, State and Zip Code) 102 eau @ wpltrial attorneys. com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
wis Wze an at (7)2 286-5566 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & Status Status \$180.00 Filing Fees and Certified Copy & Status \$180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles	of Conve	rsion i	s:
Optima Health care Solutions, Inc. (Enter Name of Other Business Entity)	<u>-</u>		
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	SECRETARY ALLAHASSE	15 JUN 17	
First organized, formed or incorporated under the laws of	m _o	-0	iliradilara 4
on 8/20/1992 (Enter state, or if a non-U.S. entity, the national date of organization, formation or incorporation)	ame of the co	ountry)	Ö
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	es of Org	anizat	ion:
Optima Healthcare Solutions, LLC (Enter Name of Florida Limited Liability Company)	J		
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than the date this document is filed by the Florida Department of State; AND 2) must be the state listed in the attached Articles of Organization, if an effective date is listed therein Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ame as th	ie effe	ctive
5. The plan of conversion has been approved in accordance with all applicable statutes.			

Page 1 of 2

Signed this day of day of	20 15				
Signature of Authorized Representative of Limited Liability Company:					
Signature of Authorized Representative: Printed Name: Lance 15 12 Lance 15 17 Lance 15 17 Lance 15 17 Lance 15 18 Lance 15 Lance 15 18 Lance 15 Lance					
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]					
Signature: Signature: Machan C. Machan	Title: (Carde)				
·					
Signature:Printed Name:	Title:				
Signature:Printed Name:					
Printed Name:	Title:				
Signature:Printed Name:	Title:				
Signature:Printed Name:	_Title:				
Signature: Printed Name:	Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.					
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.					
All others: Signature of an authorized person.					
Fees:					
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)				

SECRETARY OF STAIR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
PAIMCH, PL. 34990	PAM City PL. 34990
	ered Office, & Registered Agent's Signature:
The name and the Florida street address of the Louis E. L	he registered agent are:
Florida street address (1	rey Common Blod; Sute (DE P.O. Hox NOT acceptable)
Strong	FL 34996 Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple	nd to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	1100110 0110 11001 0007
"MGR" = Manager	it I c M i.
Time	1739 Sul Hill March 1
	TAIN C. 4. 1 FC 34940
Mirc	Kardal C. Walling
	4235 Shi High Merdinas Thomas
Mac	M. A. S. L.
77 (37	Michael (207)
	Talon City F. 34850
iman	D
1	ICHW Later W 28 8
	(200 C) C (34) (200 A)
	SERVICE
(Use attachment if necessary)	변수 가
ARTICLE V: Effective date, if other than the	· · · · · · · · · · · · · · · · · · ·
(If an effective date is listed, the date mus	t be specific and cannot be more than five busines days prior
to or 90 days after the date of filing.) Note: If the date inserted in this block does not mee	at the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of Stat	e's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	αM
Month,	(11/20/2)
Signature of a memb	er or an authorized representative of a member.
(In accordance with section 605.020	5 (3), Florida Statutes, the execution of this document
I am aware that any false information s	nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
constitutes a third degree felony as pro	vided for in s.817.155, F.S.)

ARTICLE IV-

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signee