

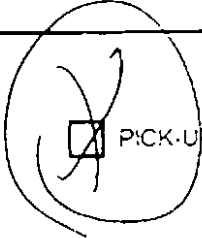
L20000 297697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

WAIT

MAIL

(Business Entity Name)

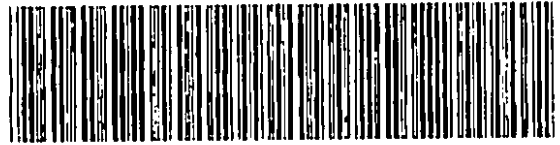
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000112324

Office Use Only



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SEP 29 2020

SEP 29 AM 10:55

STATE OF TEXAS
SECRETARY OF STATE

2020 SEP 29 AM 9:53

FILED

FILED
2020 SEP 29 AM 10:56
STATE OF FLORIDA
TALLAHASSEE, FL

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** 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 Conversion is:
COMPCARE, LLC

(Enter Name of Other Business Entity)
COMPCARE, LLC

2. The "Other Business Entity" is a _____
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
HAWAII

First organized, formed or incorporated under the laws of _____
(Enter state, or if a non-U.S. entity, the name of the country)

03/24/2020

on _____
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
COMPCARE, LLC

(Enter Name of Florida Limited Liability Company)
03/24/2020

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 28 day of September 20

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: *Oretha Jones*
Printed Name: Oretha Jones Title: Manager/ CEO

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: *Oretha Jones*
Printed Name: Oretha Jones Title: Manager/CEO

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
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: \$25.00
- Fees for Florida Articles of Organization: \$125.00
- Certified Copy: \$30.00 (Optional)
- Certificate of Status: \$5.00 (Optional)

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 STATE OF FLORIDA
 TALLAHASSEE COUNTY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPCARE, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1130 Schwall Road
Havana, Florida 32333

Mailing Address:

1130 Schwall Road
Havana, Florida 32333

ARTICLE III - Registered Agent, Registered Office, & 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 registered agent are:

Oretha Jones

Name

1130 Schwall Road

Florida street address (P.O. Box **NOT** acceptable)

Havana

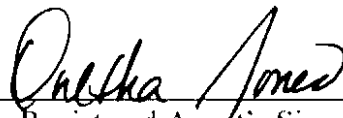
32333

FL

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Oretha Jones MGR

1130 Schwall Road

Havana, Florida 32333

(Use attachment if necessary)

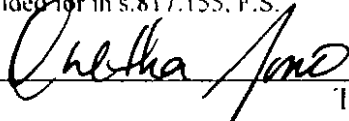
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 DEPARTMENT OF STATE

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Typed or printed name of signee

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)

L200000297697

Reference Number: W20000112324

September 30, 2020

ORETHA JONES
1130 Schwall Road
Havana, Florida 32333

RE: CompCare, LLC (EIN) 84-5182498
CompCare, INC (EIN) 85-2993369


Florida Division of Corporations:

I Oretha Jones, own the business CompCare, Inc. (organized in Florida) and CompCare, LLC (organized in Hawaii, please continue with the processing of the request to transfer CompCare, LLC to a Florida company. I wish to maintain the INC. and the LLC names for CompCare.

I have attached the EIN letter from the IRS for CompCare, INC as well as correspondence from the State of Florida showing ownership.

If additional information is required, please contact me at 850.694.9864.

Thank you



Oretha Jones

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