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

~ 03/07/15

<u>STEVEN R. KUTNER, P.A.</u>

Telephone (407) 644-1104 Facsimile (407) 629-0090 Attorney at Law LAKE FAITH PROFESSIONAL CENTER 260 Lookout Place, Suite 205 Post Office Box 948311 Maitland, Florida 32794-8311

February 26, 2015 By Express Mail

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: FLORIDA HOME MEDICAL SUPPLY, LLC CONVERSION

Our File No.: 13-0131

Dear Secretary:

Enclosed herewith please find conversion documents for the above, and our Check Number **9327** in the amount of \$113.75 representing the filing fee.

Please carry over the same tax ID number from Florida Home Medical Supply, LLC to Florida Home Medical Supply, Inc. That ID number is 59-2196558.

Thank you for your assistance in this matter.

Very truly yours,

Steven R. Kutner, P.A.

Steven R. Kutner, Esquire

SRK/

Enclosures

COVER LETTER

TO: Charter Section

Division of Corporations

SUBJECT: Florida Home Medical Supply, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Steven R. Kutner, Esquire

Contact Person

Steven R. Kutner, P.A.

Firm/Company

260 Lookout Place, Suite 205

Address

Maitland, Florida 32751

City, State and Zip Code

david.bruinsma@colonialmed.com

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

For further information concerning this matter, please call:

Steven Kutner

,,407 _\6

644-1104

Name of Contact Person

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

STREET ADDRESS:

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

MAILING ADDRESS:

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

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Florida Home Medical Supply, LLC (44-169326)

Enter Name of Other Business Entity				
2. The "Other Business 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 07/13/1982 ✓				
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 he laws of which it is now organized, formed or incorporated: not applicable				
I. The name of the Florida Profit Corporation as set forth in the attached Articles of neorporation:				
Florida Home Medical Supply, Inc.				
Enter Name of Florida Profit Corporation				
5. If not effective on the date of filing, enter the effective date: The effective date: 1) cannot be prior to nor more than 90 days after the date this				

effective date listed in the attached Articles of Incorporation, if an effective date is listed

therein.)

Signed this 26th	day of February	, 20 <u>15</u>			
Required Signature for Florida Profit Corporation:					
Signature of Chairman	, Vice Chairman, Dire	ector, Officer, or, if Directors or Officers h	ave not		
been selected, an Incorporator: Printed Name: Betty Bruinsma Title: President Presid					
Printed Name: Betty Bru	insma /	Title: President			
Required Signature(s) on behalf of Other Business Entity: [See below for required					
signature(s).]					
Signature: BU	elexus-				
Printed Name: Betty Bru	insma	Title: Member/Manager			
	0-3				
Signature:	in Colonia				
Printed Name: David Br	uinsma	Title: Member/Manager			
Signature:					
Printed Name:		Title:			
Signature:					
Printed Name:		Title:			
Signature:					
Printed Name:		Title:			
Signature:					
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:	—		
If Florida General Par	tnership or Limited L	Liability Partnership:			
Signature of one Genera					
		Liability Limited Partnership:			
Signatures of ALL Gene	erai ratiners.		35		
If Florida Limited Lial	oility Company:				
Signature of a Member of		ntative.	FEB 27		
			27		
All others:	ad warran		P E		
Signature of an authorize	eu person.		- -		

SECRETARY OF STATE DIVISION OF CORPORATION

\$35.00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees:

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Incorporation:

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation shall be: Florida Hor	ne Medical Supply, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
614 E. Altamonte Drive	
Altamonte Springs, FL 32714	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any lawful purpose.	
EIN 59-2196558	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR	PECTORS
Name and Title: President: Betty Bruinsma	Name and Title:
Address: 614 E. Altamonte Drive	Address:
Altamonte Springs, FL 32701	
Name and Title: CEO: David Bruinsma	Name and Title:
Address: 614 E. Altamonte Drive	Address:
Altamonte Springs, FL 32701	
Name and Title:	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:

Betty Bruinsma

Address:

614 E. Altamonte Drive

Altamonte Springs, FL 32701

The name:	and address of the Incorporator is:	
Name:	Betty Bruinsma	
Address:	614 E. Altamonte Drive	
	Altamonte Springs, FL 32701	
******	*************	******
•		of process for the above stated corporation at the place the appointment as registered agent and agree to act in this
/	the bours	2/26/15
	Required Signature/Registered Agent	Date
		erein are true. I am aware that any false informationes a third degree felony as provided for in s.817.155, F.S.
	tel by	2/26/15
	Reguired Signature incorporator	Date

FLORIDA HOME MEDICAL SUPPLY, LLC. CONVERSION TO FLORIDA HOME MEDICAL SUPPLY, INC PLAN OF CONVERSION

THIS PLAN OF CONVERSION is adopted this 26th day of February, 2015, by FLORIDA HOME MEDICAL SUPPLY, LLC, a Florida limited liability company (the "Company").

I. PLAN OF CONVERSION

This Plan of Conversion sets forth the terms, conditions, and manner in which the Company, subject to the approval of its managers and members, will convert into Florida Home Medical Supply, Inc., a Florida corporation ("Corporation"). Corporation shall be the resulting entity following the conversion and shall be governed by the laws of the State of Florida, which state shall continue to be its domicile.

II. EFFECTIVE DATE

The conversion provided for in this Plan of Conversion shall become effective and the Company shall be deemed to have converted into the Corporation upon the execution and filing with the Florida Department of State of the Certificate of Conversion of the Company as required by the Florida Business Corporation Act. The date and time of the conversion of the Company is referred to herein as the "Effective Date."

III. MANNER OF CONVERTING UNITS

Immediately prior to the conversion, the Company had authorized 100 membership units of which 100 membership units are issued and outstanding. The manner and basis of converting the outstanding membership units of the Company into percentage interests of the Corporation shall be as follows:

(A) Membership Units of the Company. Upon the Effective Date, the issued and outstanding membership units of the Company will, by virtue of the conversion and without further action on the part of the holder thereof, be converted into an equal percentage of ownership of outstanding shares of stock in the Corporation.

IV. EFFECT OF THE CONVERSION

- (A) Existence of the Company. On the Effective Date, the separate existence of the Company shall cease and all of the property, real, personal, and mixed, and all interest therein, of the Company and all debts due to the Company, shall be transferred to and vested in the Corporation without further act or deed and without reversion or impairment. The Corporation shall thenceforth be responsible and liable for all the liabilities and obligations of the Company.
- (B) <u>Articles of Incorporation</u>. A copy of the Articles of Incorporation of the Corporation are attached hereto as Exhibit A.

- Bylaws. A copy of the Bylaws of the Corporation are attached hereto as Exhibit (C) B.
- Expenses. The Corporation shall pay all expenses of carrying this Plan of Conversion into effect and of accomplishing the conversion.

IN WITNESS WHEREOF, the Company and the Corporation have caused its duly

authorized officers, shareholders and members to execute this Plan of Conversion. Witnesses: FLORIDA HOME MEDICAL SUPPLY, INC. Betty Bruinsma, President, Director and Shareholder FLORIDA HOME MEDICAL SUPPLY, David Bruinsma, CEO and Shareholder FLORIDA HOME MEDICAL SUPPLY, LLC

Betty Bruinsma, Manager and Member

FLORIDA HOME MEDICAL SUPPLY,

David Bruinsma, Manager and Member

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