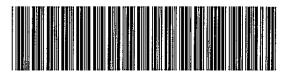


(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ALPHA HOME HEALTHCARE, LLC
(Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
FIDELIA UZOWULU
(Contact Person) ALPHA HOME HEALTHCARE, LLC (Firm/Company) 3948 SUNBEAM ROAD, SUITE #8 (Address) JACKSONVILLE, FL. 32257
ALPHA HOME HEALTHCARE, LLC
(Finn/Company)
3948 SUNBEAM ROAD, SUITE #8
(Address)
JACKSONVILLE, FL. 32257
(City, State and Zip Code)
For further information concerning this matter, please call:
FIDELIA UZOWULU at (904) 887-6961
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees \$\sum \text{\$155.00 Filing Fees}\$ and Certified Copy and Certificate of Status of Organization} \$\$155.00 Filing Fees and Certified Copy and 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



February 15, 2006

FIDELIA UZOWULU ALPHA HOME HEALTHCARE, LLC 3948 SUNBEAM ROAD, SUITE #8 JACKSONVILLE, FL 32257

SUBJECT: ALPHA HOME HEALTHCARE, LLC

Ref. Number: W06000007438

We have received your document for ALPHA HOME HEALTHCARE, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 406A00010978

Joey Bryan Document Specialist 2006 FEB 24 PM 4: 26
2006 FEB 24 PM 4: 26

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: ALPHA HOME HEALTHCARE, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY

(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of STATE OF NEVADA

(Enter state, or if a non-U.S. entity, the name of the country)

on 9-26-2005

(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 laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

ALPHA HOME HEALTHCARE, LLC

(Enter Name of Florida Limited Liability Company)

Page 1 of 2

2006 FEB 24 PM 4: 26

CONTROL OF CONTROL OF CONTROL

ALLAHASSEE, FI ORING

Page 2 of 2

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees:

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

2006 FEB 24 PM 4: 26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALPHA HOME HEALTHCARE, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

3948 SUNBEAM ROAD, SUITE #8

JACKSONVILLE, FL. 32257

Mailing Address:

4627 SUNBEAM STATION COUR JACKSONVILLE, FL. 32257

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:

FIDELIA UZOWULU

4627 SUNBEAM STATION COURT

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

JACKSONVILLE, FL. 32257

City, State, and 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 608, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	FIDELIA UZOWULU
	4627 SUNBEAM STATION COURT
	JACKSONVILLE, FL. 32257
MGRM	VIOLET IGWE-ONU
-	4627 SUNBEAM STATION COURT
	JACKSONVILLE, FL. 32257
	700
	77
	(Use attachment if necessary)
LE V: Effective date, if other tha	an the date of filing:
NAL)	
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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)