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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:					

Office Use Only



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JUN 1 4 2006

COVER LETTER

TO:	TO: Registration Section Division of Corporations				
SUBJ	ECT: Arycare, LLC				
	· (Name of Resulti	ng Florida Limited Cor	npany)		
conve	nclosed Certificate of Conversion, ert an "Other Business Entity" into a dance with s. 608.439, F.S.				d to
Please	e return all correspondence concern	ing this matter to:			
Hea	ther M. Reynolds				06 JUH 14 PM 2: 40
	(Contact Person)	2	•		טע פֿ
Rich	nard G. Hathaway, P.A.				<u> </u>
	(Firm/Company)	,			
115	Professional Drive, Suite	101	1		×
	(Address)				2: 4
Pon	ite Vedra Beach, FL 3208	2			0
	(City, State and Zip Code	e)			
For fu	urther information concerning this r	natter, please call:			
Hea	ather M. Reynolds	at (904	280-55	75	
	(Name of Contact Person)		and Daytime	Telephone Number)
Enclo	sed is a check for the following am	ount:			
(\$25 fo & \$125	20.00 Filing Fees or Conversion and Certificate of Status Status	s \$180.00 Filing and Certified Cop	y Certi	85.00 Filing Fees, ified Copy, and ificate of Status	
STREET ADDRESS: Registration Section			NG ADDR		
	ion of Corporations	Divisio	Division of Corporations		
	n Building		P. O. Box 6327 Tallahassee, FL 32314		
	Executive Center Circle nassee, FL 32301	Tallaha	ssee, FL 37	2314	

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Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

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: Arycare, Inc. # P0600048830
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(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 Florida (Enter state, or if a non-U.S. entity, the name of the country) on 4/5/2006
(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:
Arycare, LLC
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

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 document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 6th day of June 20 06 .

Signature of Authorized Person:

Printed Name: Heather M. Reynolds Title: Registered Agent + Incorporator

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Arycare, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

278 N. 20th Street

Jacksonville Beach, FL 32250

278 N. 20th Street

Jacksonville Beach, FL 32250

ARTICLE III - Registered Agent, Registered Office, & Registered Agents

(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:

Heather M. Reynolds

115 Professional Drive, Suite 101

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

Ponte Vedra Beach, Ft. 32082

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.

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:

Title: "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGRM	Herbert W. Reynolds		
	278 N. 20th Street		
	Jacksonville Beach, FL 32250		
	*		
· .	06 JUN 1		
	06 JUN		
	<u> </u>		
	(Use attachment if necessary)		
s days prior to or 90 days after the d REQUIRED SIGNATURE:	rate of filing.)		
Signature of a member or an au	thorized representative of a member.		
of this document constitutes an af	.408(3), Florida Statutes, the execution ffirmation under the penalties of perjury tated herein are true.)		
Heather M. Reynolds			
Typed or prin	nted name of signee		
Filing Fees:			
Z SILLIGA A COST			
\$125.00 Filing Fee for Articles o of Registered Agent \$ 30.00 Certified Copy (Options			