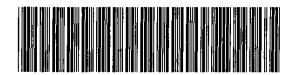
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
<u> </u>					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing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



900076408669

06/23/06--01014--020 **180.00

EFFECTIVE DATE

SECRETARY OF STATE

J. BRYAN JUN 2 7 2006



COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: BLUE HERON HOME MANAGEME-UT, L.L.C. (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:						
Louis M Al Signi (Contact Person) LMA Surgical Lustremsotr LEC (Firm/Company) 2 LArch Rd (Address) Codar Knolls NT 07927 (City, State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Contact Person) at (973) 5383639 (Area Code and Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$150.00 Filing Fees (\$25 for Conversion & and Certificate of Status \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certified Copy & 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						

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this	
Certificate of Conversion is: BLUE HERON HOME MANGEMENT INC (Enter Name of Other Business Entity) #P05000053	-
(Enter Name of Other Business Entity) #P05000053	246
2. The "Other Business Entity" is a <u>Corporation</u> . (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)	
(Enter state, or if a non-U.S. entity, the name of the country) on	OU 30 00
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:	
NIA	
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Blue Herow ome Monagement Lice Center Name of Florida Limited Liability Company)	^
(Enter Name of Florida Limited Liability Company)	

Page 1 of 2

5. It not ett	ective on the date	of filing, enter the	e effective date:	-MNE	\mathcal{SU} .	2000
(The effecti	ve date: 1) cann	ot be prior to no	r more than 90	days after	the d	ate this
document is	s filed by the Flor	rida Department	of State; AND	2) must b	e the s	ame as the
effective da	te listed in the at	tached Articles o	of Organization	, if an effe	ctive o	late is
listed therei				•		
	12 th day of	1				•
Signed this _	<u>/人</u> day of	JUNE	2000			
		\sim				

Printed Name: Louis M A (Sisi) Title: Maragin MEMA

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

Signature of Authorized Person:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Blue Flow Home Mana (Must end with the words "Limited Liability Company, "Limite" "L.C.,")	HEMSWT L.L.C. d Company" or their abbreviation "LLC," of	or					
ARTICLE II - Address: The mailing address and street address of the pri Liability Company is:	incipal office of the Limited	06/30/06					
Principal Office Address:	Mailing Address:	' /					
PORT CHARLOTE, FL 33981	14810 Ingrapan Blue PORT CHANGETE, FL	<u>(</u>					
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.)		OF JUN 23					
The name and the Florida street address of the re	egistered agent are:	皇 岩					
Louis M. Ala	Fieri	23					
14810 Ingrah A	en Blud	PH 1					
Florida street address (P.O.	Box NOT acceptable)	:3					
Port Charlotte	FL 33981	O 55					
City State and Zin							

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Elerida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Louis M Al Sièri

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)