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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

05-90954

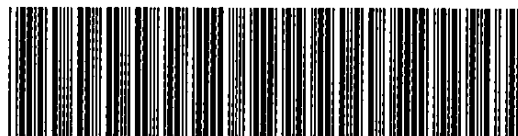
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Full Life Support Coordination Agency 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:

Robert J. Carlson

(Contact Person)

A Full Life Support Coordination Agency, LLC

(Firm/Company)

33083 Smallman St

(Address)

Ridge Manor, FL 33597

(City, State and Zip Code)

2006 JUL 21 P 3:41
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For further information concerning this matter, please call:

Robert J. Carlson at (352) 583-0483
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,
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:

A Full Life Support Coordination Agency, Inc.

(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 June 24, 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:

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

A Full Life Support Coordination Agency, LLC

(Enter Name of Florida Limited Liability Company)

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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 19 day of July 2006

Signature of Authorized Person: _____



Printed Name: Robert J. Carlson Title: Owner

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)

2006 JUL 21 P 3:41
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

KNOW ALL MEN BY THESE PRESENTS: That I, **ROBERT J. CARLSON**, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Act, do establish:

ARTICLE I - Name:

The name of the Limited Liability Company is:

A FULL LIFE SUPPORT COORDINATION AGENCY, LLC
EIN: 56-2553769

ARTICLE II - Address:

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

33083 Smallman Street
Ridge Manor, FL 33597

ARTICLE III - Purpose:

That the purpose for which this limited liability company is organized is primarily to provide Support Coordination/Case Management to the Developmentally Disabled, and other goods and services that are permitted by law, within the laws of Florida.

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

Robert J. Carlson
33083 Smallman Street
Ridge Manor, FL 33597

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, Florida Statutes.



Registered Agent's Signature

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ARTICLE V- Manager/Owner:

The name and address of the Manager/Owner is as follows:

ROBERT J. CARLSON – 100% Owner and Manager
33083 Smallman Street
Ridge Manor, FL 33597

2006 JUL 21 P 3:41
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TALLAHASSEE, FLORIDA

ARTICLE VI - Effective date of the Limited Liability Company:

July 19, 2006

REQUIRED SIGNATURE:



Signature of owner/manager

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

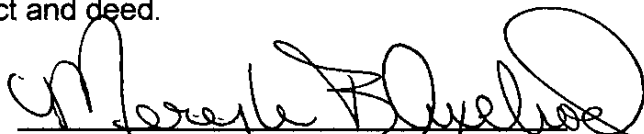
ROBERT J. CARLSON

Typed or printed name of signee

State of Florida

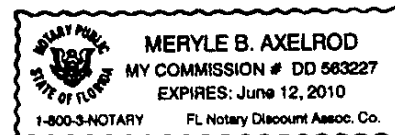
County of LAKE

On this 19th day of JULY 2006, before me personally appeared ROBERT J. CARLSON, to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that ROBERT J. CARLSON executed the same as his free act and deed.


Notary Public

My Commission Expires on:

June 12, 2010



Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)