

L07000038907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

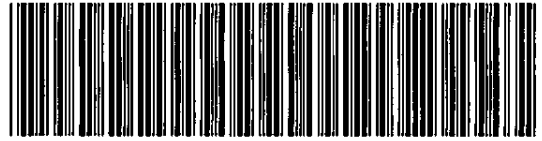
Special Instructions to Filing Officer:

Office Use Only

W07-13655

FF \$150

Cus 5



800088215248

03/19/07--01006--031 \*\*33.75

FILED  
07 APR -9 PM 1:11  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04/06/07--01015--012 \*\*121.08

GPOI-233/UP01-108  
conv. into  
Fla. LLC

✓ - \$121.25

✓ - left date / part of org.

- wrong conv. fm.

BLT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sapphire Health Care Consultants, L.L.P.  
(Name of Florida Partnership)

The enclosed Certificate of Conversion and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Stephen R. Looney

(Contact Person)

Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.

(Firm/Company)

800 N Magnolia Avenue, Suite 1500

(Address)

Orlando, FL 32803

(City, State and Zip Code)

For further information concerning this matter, please call:

Stephen R. Looney at ( 407 ) 428-5100 x4128

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$33.75 Filing Fee  
and Certificate of  
Status

☐ \$77.50 Filing Fee  
and Certified Copy

☐ \$86.25 Filing Fee,  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2007

STEPHEN R. LOONEY  
DEAN, MEAD, EGERTON, BLOODWORTH ET AL  
800 N. MAGNOLIA AVE., SUITE 1500  
ORLANDO, FL 32803

SUBJECT: SAPPHIRE HEALTH CARE CONSULTANTS LLC  
Ref. Number: W07000013655

We have received your document for SAPPHIRE HEALTH CARE CONSULTANTS LLC and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file the Certificate of Conversion and Articles of Organization total \$150.00 (\$25 filing fee for the Certificate of Conversion, \$100 filing fee for the Articles of Organization, and \$25 for the Registered Agent Designation). Enclose an additional \$30 for each certified copy requested and an additional \$5 for each certificate of status requested.

The total amount due is \$155.00.

✓ There is a balance due of \$121.25.

The certificate of conversion must comply with s.608.439, F.S. We are enclosing an appropriate form for your convenience.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 907A00019237

**Certificate of Conversion**  
**For**  
**"Other Business Entity"**  
**Into**  
**Florida Limited Liability Company**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR - 9 PM 1:17

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:

**Sapphire Health Care Consultants, L.L.P.** GP01-233  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a **general partnership/limited liability partnership**  
(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 **February 7, 2001**  
(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**

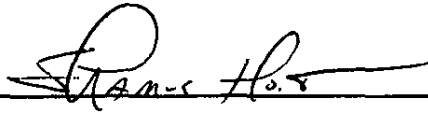
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

**Sapphire Health Care Consultants LLC**  
(Enter Name of Florida Limited Liability Company)

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 30 day of March 2007.

Signature of Authorized Person: \_\_\_\_\_



Printed Name: Shamus M. Holt Title: General Partner

**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)

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Sapphire Health Care Consultants 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:**

Shamus M. Holt  
23 Stone Gate South  
Longwood, FL 32779

**Mailing Address:**

Shamus M. Holt  
23 Stone Gate South  
Longwood, FL 32779

**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:

Shamus M. Holt  
23 Stone Gate South  
Florida street address (P.O. Box **NOT** acceptable)  
Longwood, FL 32779  
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..*

Shamus M. Holt  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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07 APR - 9 PM 1:17  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

**MGRM**

Shamus M. Holt

23 Stone Gate South

Longwood, FL 32779

(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), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Shamus M. Holt**

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)**