

LOT0000086949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

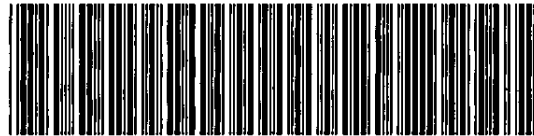
Special Instructions to Filing Officer:

W07-39514

DB

Office Use Only

EFFECTIVE DATE 8-23-07



500106192245

08/13/07--01037--007 **150.00

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07 AUG 23 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUENTES CARE SOLUTIONS 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:

JUAN M. FUENTES

(Contact Person)

(Firm/Company)

8324 NW 7TH ST #117

(Address)

MIAMI, FL 33126

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JUAN M. FUENTES at (786) 231-8274

(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

Date: 23 of August, 2007

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Re: FUENTES CARE SOLUTIONS LLC

Dear Sirs:

Please, find enclosed forms of conversion and Articles of Organization duly corrected with a copy of your letter received on August 14, 2007.

Waiting for your news at this matter, I remain very truly,

Sincerely,



Juan Fuentes, MGRM of Fuentes Care Solutions LLC.

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07 AUG 23 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8-23-07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2007

JUAN M. FUENTES
8324 NW 7TH ST #117
MIAMI, FL 33126

SUBJECT: FUENTES CARE SOLUTIONS LLC
Ref. Number: W07000039514

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FUENTES CARE SOLUTIONS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The effective date cannot be prior to 08/13/07, the date received by this office.,

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 007A00049531

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:

FUENTES CARE SOLUTIONS, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION 907000015776
(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 FLORIDA

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

on 02/05/07

(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**:

FUENTES CARE SOLUTIONS LLC

(Enter Name of Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

5. If not effective on the date of filing, enter the effective date: 08/23/2007.
(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 23 day of August 2007.

Signature of Authorized Person: _____



Printed Name: Juan Fuentes Title: MGRM

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)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FUENTES CARE SOLUTIONS LLC

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

ARTICLE II - Address:

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

Principal Office Address:

8324 NW 7TH ST #117

MIAMI, FL 33126

Mailing Address:

8324 NW 7TH ST #117

MIAMI, FL 33126

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:

JUAN M. FUENTES

8324 NW 7TH ST #117

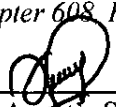
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33126

FL

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

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TALLAHASSEE, FLORIDA

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

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

Title:

Name and Address:

“MGR” = Manager

“MGRM”= Managing Member

MGRM

JUAN FUENTES
8324 NW 7TH ST # 17
MIAMI, FL 33126

MGRM

MABEL A PEREZ
8324 NW 7TH ST # 17
MIAMI, FL 33126

ARTICLE V: Effective date of filing is : 08/23/2007)

(If an effective date is listed, the date must be specific and cannot be more than 90 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.)

JUAN FUENTES

Typed or printed name of signee

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2007 AUG 23 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA