

**L08000094375**



**800134515988**

10/06/08--01007--004 \*\*125.00

08/25/08--01004--004 \*\*25.00

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

~~W08-43240~~

Special Instructions to Filing Officer:  
*Diemel Obanand* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *date of filing, eff. date,*  
*signature, position + add mem*  
DATE 10/3/08  
~~SEE EXAM~~ *llt*

Office Use Only

Effective Date *8/25/08*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 AUG 25 PM 1:25

*Wants to convert Fla. corp  
to Fla. LLC*

*2875*

FF \$150

*left msg  
10/1/08*

B. Tadlock OCT 06 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2008

INTEGRITY HOME HEALTHCARE CONSULTING AND BILLING, INC.  
ATTN: LIONEL LOCHARD  
1421 NW 159TH AVE.  
PEMBROKE PINES, FL 33028

SUBJECT: INTEGRITY HOME HEALTH CARE CONSULTING AND BILLING,  
INC.  
Ref. Number: P08000076012

We have received your document for INTEGRITY HOME HEALTH CARE CONSULTING AND BILLING, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed please find the forms and instructions for converting a Florida profit corporation into a Florida limited liability company.

The total amount due is \$150.00.

There is a balance due of \$125.00.

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: 008A00050530

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INTEGRITY HEALTHCARE CONSULTING AND BILLING, L.L.C.**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**LIONEL LOCHARD**

(Name of Person)

**INTEGRITY HEALTHCARE CONSULTING AND BILLING, L.L.C.**

(Firm/Company)

**1421 NW 159 AVENUE**

(Address)

**PEMBROKE PINES, FL 33028**

(City/State and Zip Code)

For further information concerning this matter, please call:

**LIONEL LOCHARD**

(Name of Person)

at ( **954** ) **588-2020**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 AUG 25 PM 1:25

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: PO8-76012  
INTEGRITY HOME HEALTHCARE CONSULTING AND BILLING, 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 AUGUST 12, 2008.  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

Effective Date 8/25/08

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:

INTEGRITY HEALTHCARE CONSULTING AND BILLING, L.L.C.  
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: AUGUST 25, 2008.  
(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 \_\_\_\_\_ day of SEPTEMBER 2008.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Signature of Member or Authorized Representative: \_\_\_\_\_

Printed Name: LIONEL LOCHARD

Title: Director of Fla. Corporation  
Managing member of Fla. LLC

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**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:

INTEGRITY HEALTHCARE CONSULTING AND BILLING, L.L.C.

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

Effective Date 8/25/08

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1421 NW 159 AVENUE  
PEMBROKE PINES, FL 33028

1421 NW 159 AVENUE  
PEMBROKE PINES, FL 33028

**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:

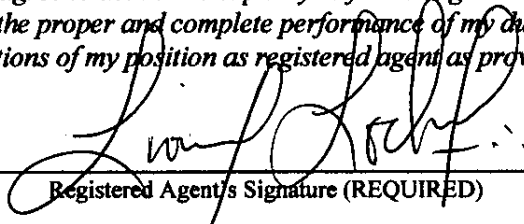
LIONEL LOCHARD  
Name

1421 NW 159 AVENUE  
Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES, FL 33028  
City, State, and Zip

08 AUG 25 PM 1:25  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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)

**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

Lionel Lochard  
1421 NW 159 Ave.  
Pembroke Pines, FL 33028

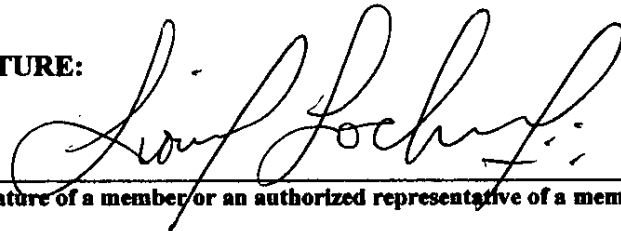
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: AUGUST 25, 2008. (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.)

**LIONEL LOCHARD**

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)