# L08000117154

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

Office Use Only

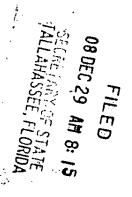


100139207551

12/30/08--01002--002 \*\*185.00



B. KOHR
DEC 3 0 2008
EXAMINER



. gesseka		· · · · · · · · · · · · · · · · · · ·
Greenberg Traurig, P.A Jame Violens		% <sup>*</sup>
Requester's Name	<del></del>	
10440000 0 114110		
101 East College Avenue		0_
Address		
Tallahassee, FL 32301 850/222-6891		
City/State/Zip Phone # .		OBORC 29 M B. 15
Please Call Won 1		Section 1
ready		in the second
1239	C	Office Use Only
CORPORATION NAME(S) & DOCUMEN	IT NUMBER(S), (if k	nown):
Conversion:		The state of the s
Advocate Home Care Services, Inc. to Adv	rocate Home Care Servi	ices, LLC P06000139900
(Corporation Name)	(Document #)	
		·
2	(Danier 44)	
(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
, ,,	, ,	
4.		
(Corporation Name)	(Document #)	
Walk in Pick up time Pleas	e call_	Certified Copy Art. of Org.
☐ Mail out ☐ Will wait ☐	Photocopy	Certificate of Status LLC
NEW FILINGS A	MENDMENTS	
NEW FILINGS	WIENDWIEN 18	
Profit	Amendment	
Not for Profit	Resignation of R.A.	
Limited Liability	Change of Registere	<del>-</del>
Domestication Other	<ul><li>Dissolution/Withdra</li><li>Merger</li></ul>	iwai
Guiei Guiei	■ Merger	
OTHER FILINGS R	EGISTRATION/QUA	ALIFICATION
☐ Annual Report □	Foreign	
Fictitious Name	Limited Partnership	
X Conversion Other Entity	Reinstatement	
to LLC	☐ Trademark	
	Other	
		T
CR2E031(7/97)		Examiner's Initials

## CERTIFICATE OF CONVERSION FOR ADVOCATE HOME CARE SERVICES, INC. INTO ADVOCATE HOME CARE SERVICES, LLC

to any in

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following Florida Corporation into a Florida Limited Liability Company in accordance with Section 608.439, Florida Statutes.

- 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Advocate Home Care Services, Inc.
- 2. The "Other Business Entity" is a Corporation first organized, formed or incorporated under the laws of Florida on October 30, 2006.
- 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: Advocate Home Care Services, LLC.

Signed this  $\frac{\partial}{\partial x}$  day of December 2008. Signature of Member or Authorized Representative of Advocate Home Care Services, LLC: Signature of Member or Authorized Representative: Will Meblenly Printed Name: Nicole McKenney Title: Member Signature(s) on behalf of Advocate Home Care Services, Inc.: Nicole Milames Printed Name: Nicole McKenney Title: President 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: Advocate Home Care Services, LLC

#### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	<u>S</u> r
950 S. Pine Island Road	950 S. Pine Island Road	135
Suite A-150	Suite A-150	
Plantation, FL 33324	Plantation, FL 33324	

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Nicole McKenney	
Name	
950 S. Pine Island Road, Suite A-150	
Plantation, FL 33324	
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

ţ

ARTICLE IV- Manager(s) or Manager and address of each Manager	naging Member(s): ger or Managing Member is as follows:
Title:	Name and Address:
MGRM	Nicole McKenney
	950 S. Pine Island Road, Suite A-150
	Plantation, FL 33324
ARTICLE V: Effective date, if other than the	he date of filing: N/A
REQUIRED SIGNATURE:	
Norola	Moderne
Signature of a member or an a	uthorized representative of a member.
of this document constitutes an a	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury true.) Typed or printed name of signee
Nicole McKenn	
Typed or print	ted name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Registered Agent \$ 30.00 Certified Copy (Option \$ 5.00 Certificate of Status (O	

Page 2 of 2