

L08000117154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 DEC 29 PM 2:32
CLERK OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
DEC 30 2008
EXAMINER

FILED
08 DEC 29 AM 8:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

Jessika Smith
Greenberg Traurig, P.A. - ~~James Traurig~~
Requester's Name
101 East College Avenue
Address
Tallahassee, FL 32301 850/222-6891
City/State/Zip Phone #
Please call when ready

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08 DEC 29 AM 8:15
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Conversion:

1. Advocate Home Care Services, Inc. to Advocate Home Care Services, LLC P06000139900
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time Please call ☒ Certified Copy Art. of Org.
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status LLC

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name
☒ Conversion Other Entity to LLC

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

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

FILED
08 DEC 29 AM 8:15
TALLAHASSEE, FLORIDA

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.

P06000139900

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 22nd day of December 2008.

Signature of Member or Authorized Representative of Advocate Home Care Services, LLC:

Signature of Member or Authorized Representative: Nicole McKenney

Printed Name: Nicole McKenney Title: Member

Signature(s) on behalf of Advocate Home Care Services, Inc.:

Signature: Nicole McKenney

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:

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

Mailing Address:

950 S. Pine Island Road
Suite A-150
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..

Nicole McKenney

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

MGRM

Name and Address:


Nicole McKenney

950 S. Pine Island Road, Suite A-150

Plantation, FL 33324

ARTICLE V: Effective date, if other than the date of filing: N/A

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.) Typed or printed name of signee

Nicole McKenney

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)