## L100000 44370

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
` ,				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Business Entity Name)				
·				
(Document Number)				
	•			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	:			
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EFFECTIVE DATE 12/15

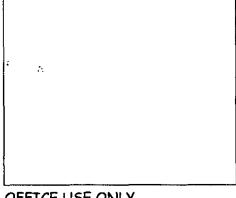
NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED

SEGRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

N. Guilligan JAN 22 2015

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)364-8000



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

CARETICKER, LLC

CK# 6776 FOR \$25.00

PLEASE FILE THE ATTACHED CONVERSION & RETURN THE FOLLOWING:

CERTIFIED COPY

XXX STAMPED COPY

\_\_ CERTIFICATE OF STATUS

Examiner's Initials

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: CareTi	cker, LLC		
		Limited Liability Compar	ny
		ee(s) are submitted to Er Business Entity" in a	
Please return all corn	respondence concernir	ng this matter to:	
Michael Harris			
·	Contact Person		
Nason, Yeager, G	erson, White & Lioc	e, P.A.	
	Firm/Company		
1645 Palm Beach	Lakes Boulevard, S	uite 1200	
	Address		
West Palm Beach	<u>.</u>		
(	City, State and Zip Code		
mharris@nasonye	ager.com		
	be used for future annual	report notification)	
For further informat	ion concerning this ma	atter, please call:	
Michael Harris		at (561 ) 47	1-3507
Name of Contact P	erson	Area Code and Da	ytime Telephone Number
Enclosed is a check	for the following amou	unt:	
\$25.00 Filing Fee	☐ \$30,00 Filing Fee and Certificate of Status	\$55,00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	is:	MAILING	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		P. O. Box 6327 Tallahassee, FL 32314	
CR2E106 (07/14)			

FILED

2015 JAN 21 AM 10: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## Articles of Conversion For Florida Limited Liability Company Into

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:				
CareTicker, LLC L1- 44310				
Enter Name of Florida Limited Liability Company				
2. The name of the "Converted or Other Business Entity" is:				
Careticker Corp.				
Enter Name of "Converted or Other Business Entity"				
3. The "Converted or Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)				
organized, formed or incorporated under the laws of				
(Enter state, or if a non-U.S. entity, the name of the country) on January 21, 2015 (Date of organization, formation or incorporation)				
and the formation document is attached (if applicable).				
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.				
5. This conversion shall be effective in Florida on:  [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 of the conversion under the laws governing the "Other Business Entity.")				

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	3411 Silve	3411 Silverside Road, Rodney Building #104			
	Wilmington	Wilmington, Delaware 19810			
Mailing Addres	3411 Silve	3411 Silverside Road, Rodney Building #104 Wilmington, Delaware 19810			
3					
appraisal rig		ness Entity" has agreed to pay which such members are entitl			
Signed this 21	day	January	, 20 <mark>_15</mark>		
	14/1/1/				
Printed Name:	Michael Harris	Title: Authorized	Representative		
Fees: Filing F	'ee: d Copy:	. \$25.00 \$30.00 (Optional)			

Page 2 of 2

\$5.00 (Optional)

Certificate of Status:

2015 JAN 21 AN IO: 5