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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

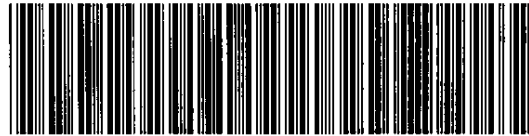
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/01/10--01027--028 **150.00

FILED
10 JUL - 1 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen JUL 28 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHCARE SOLUTIONS Group
(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:

Elizabeth Hendel
(Contact Person)
Healthcare Solutions Group
(Firm/Company)
17520 SW 89 Ave
(Address)
Miami FL 33157
(City, State and Zip Code)
eahenke1@bellsouth.net
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Elizabeth Hendel at (786) 493 0227
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

already sent

☐ \$150.00 Filing Fees
((\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$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

Letter: 110A 00016285

Bill: 110A 00016285



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2010

ELIZABETH HENKEL
17520 SW 89 AVENUE
MIAMI, FL 33157

SUBJECT: HEALTHCARE SOLUTIONS GROUP, LLC
Ref. Number: W10000031703

We have received your document for HEALTHCARE SOLUTIONS GROUP, 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):

Please complete the form I am enclosing. The other form has contact information and instructions all mixed in with the filing information.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 110A00016285

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

FILED
10 JUL -1 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

HEALTHCARE SOLUTIONS GROUP, Inc.
(Enter Name of Other Business Entity) p98-103472

2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA, USA
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/11/1998
(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**:

HEALTHCARE SOLUTIONS GROUP, LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: JULY 1, 2010
(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 27 day of JUNE 2010.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: Elizabeth Henkel
Printed Name: Elizabeth Henkel Title: Officer/ Director

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

Signature: Elizabeth Henkel
Printed Name: Elizabeth Henkel Title: Officer/ Director

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.

Elizabeth Henkel

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

Elizabeth Henkel

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:

HEALTHCARE SOLUTIONS GROUP, 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:

17520 SW 89 Ave
MIAMI FL 33157

Mailing Address:

17520 SW 89 Ave
MIAMI, FL 33157

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's

Signature: Elizabeth Henkel

(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:

ELIZABETH HENKEL
Name
17520 SW 89 Ave
Florida street address (P.O. Box **NOT** acceptable)
MIAMI FL 33157
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.

Elizabeth Henkel
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Manager

Name and Address:

Bruce Henkel - MANAGER
12520 SW 89 Ave
Miami FL 33157

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 1, 10
(OPTIONAL)

(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 Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

Bruce Henkel

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.)

Bruce Henkel
Typed or printed name of signee

FILED
10 JUL -1 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)