L11000047855

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

Office Use Only



400201220384

04/11/11--01008--030 **185.00

11 APR 21 AM 9: 44

FILED STATE OF STATE DIVISION OF CORPORATIONS



T. HAMPTON APR 8 9 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: On Your Own With Help At	Home, LLC
(Name of Resultin	ng Florida Limited Company)
	of Organization, and fees are submitted to convert an Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this	matter to:
David H. Howard	
(Contact Person)	
On Your Own With Help At Home, LLC	
(Firm/Company)	
628 Luzon Avenue	
(Address)	
Tampa, Florida 33606	
(City, State and Zip Code)	
dh howie@yahoo.com	•
E-mail address: (to be used for future annual report notification)	ations)
For further information concerning this matter, p	lease call:
David H. Howardat (_	813 , 258-6276
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	·
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2061 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301



Division of Corporations

FLORIDA DEPARTMENT OF STATE SEC

RECEIVED

11 APR 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 12, 2011

DAVID H HOWARD 628 LUZON AVE TAMPA, FL 33606

SUBJECT: ON YOUR OWN WITH HELP AT HOME, LLC

Ref. Number: W11000020634

We have received your document for ON YOUR OWN WITH HELP AT HOME, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00008886

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 APR 21 AM 9:44

Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.o8.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: On Your Own With Help At Home, INC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a On Your Own With Help At Home, LLC (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 (Enter state, or if a non-U.S. entity, the name of the country)
on 1/25/2011 (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:
On Your Own With Help At Home, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: (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.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 7th day of April	20 <u>11</u>	
Individual signing affirms that the facts sta constitutes a third degree felony as provide		ion
Signature of Member or Authorized Repres Printed Name: <u>David H.Howard</u>	entative: David H. Howard Title: President	
	ntity: Individual(s) signing affirm(s) that the facts ion constitutes a third degree felony as provided for ature(s).]	
Signature: David 74. 740	Title: PRESIDUNE	
Printed Name: DAVID H. HOWRED	Title: PRESIDENT	
Printed Name:	Title:	
Signature:	Title:	
Frinted Name:	1 me:	
Signature:	Title:	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:	Title:	
rinted Name.	Title,	
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		
If Florida General Partnership or Limited Signature of one General Partner.		
If Florida Limited Partnership or Limited S'gnatures of ALL General Partners.	Liability Limited Partnership:	11 AP
All others: Signature of an authorized person.		1 APR 21 AM
Fees:		AH 9: 44
Certificate of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00	3: 44.

\$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
On Your Own With Help At Home, 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:	Mailing Address:		
628 Luzon Avenue	628 Luzon Avenue		
Tampa, Florida 33606	Tampa, Florida 33606		
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:			
David H. Howard			
Name			
628 Luzon Avenue			
Florida street address (P.O. Box NOT acceptable)			
Tampa,	FL 33606		
City,	State, and Zip		
company at the place designated in this certificate	cept service of process for the above stated limited lies, I hereby accept the appointment as registered agen		

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

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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: Name and Address: "MGR" = Manager "MGRM" = Managing Member "MGR" David H. Howard 628 Luzon Avenue Tampa, Florida 33606 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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 listed therein.) **REQUIRED SIGNATURE:**

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David H. Howard
Typed or printed name of signee

Signature of a member or an authorized representative of a member.

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