

L12000099528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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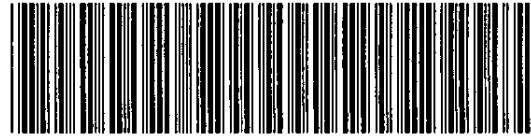
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG -2 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOM EXCELLENT CARE LLC
(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:

YOANI GARCIA

(Contact Person)

MOM EXCELLENT CARE LLC

(Firm/Company)

7800 NW 179 STREET

(Address)

HIALEAH, FL 33015

(City, State and Zip Code)

fredo12000@gmail.com

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

YOANI GARCIA at (786) 308-6783

(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

☐ \$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

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TALLAHASSEE, FLORIDA

CERTIFICATE OF CONVERSION
For
"Other Business Entity"
Into
Florida Limited Liability Company

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 § 608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

MOM EXCELLENT CARE, INC.

Principal Office and Mailing Addresses of Record:

Principal Office Address: 7800 NW 179 STREET
HIALEAH, FL 33015

Mailing Address: 7800 NW 179 STREET
HIALEAH, FL 33015

2. The "Other Business Entity" is a CORPORATION first organized, formed or incorporated under the laws of the STATE OF FLORIDA on 04/29/2011.
3. If the jurisdiction of the "Other Business Entity" was never changed from since it was organized and incorporated in FLORIDA.
4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

MOM EXCELLENT CARE LLC

Principal Address and Mailing Address are unchanged.

Principal Office Address: 7800 NW 179 STREET
HIALEAH, FL 33015

Mailing Address: 7800 NW 179 STREET
HIALEAH, FL 33015

5. The Limited Liability Company is effective on the date of filing.
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 § 608.439, F.S., in effecting the conversion.

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7. The "Other Business Entity" currently exists on the official records of the STATE OF FLORIDA, the jurisdiction under which it is currently organized, formed or incorporated. The Document Number is P11000041834.

Signed this 25th day of July 2012

Signature of Member or Authorized Representative of Limited Liability Company:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in § 817.155, F.S.

Signature of Member or Authorized Representative: 

Printed Name: YOANI GARCIA Title: MGRM

Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in § 817.155, F.S. [See below for required signature(s).]

Signature: 

Printed Name: YOANI GARCIA Title: PRESIDENT

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOM EXCELLENT CARE LLC

ARTICLE II - Address:

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

7800 NW 179 STREET
HIALEAH, FL 33015

The mailing address of the Limited Liability Company is:

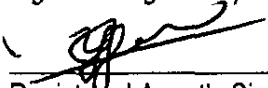
7800 NW 179 STREET
HIALEAH, FL 33015

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

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

YOANI GARCIA
7800 NW 179 STREET
HIALEAH, FL 33015

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

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

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

<u>Title:</u>	<u>Name:</u>	<u>Address:</u>
MGRM	YOANI GARCIA	7800 NW 179 STREET, HIALEAH, FL 33015

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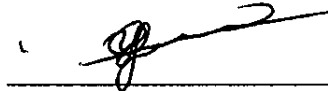
ARTICLE V- Managing Member's:

In addition to all of the other powers set forth in § 608, et seq., Florida Statutes, the Manager or Managing Member of this limited liability company shall have the power to adopt, alter, amend, or repeal the operating agreement of a limited liability company.

ARTICLE VI: Amendments:

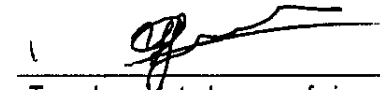
The only electronic amendments to these articles are those filed commensurate with the Annual Report. All other amendments or changes to these articles must be submitted to the Division of Corporations in writing, signed by the original incorporator or managing member of this Limited Liability Company and notarized to be valid. Therefore, electronic changes of directors or officers or amendment to these articles not filed as part of the Annual Report are invalid and unreliable. Request corporate validation of any such amendment by sending an email to redito12000@gmail.com

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with § 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 § 817.155, F.S.)



Typed or printed name of signee

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