

# L12000132997

(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:

*Paula*  
AUTHORIZATION BY PHONE TO  
CONNECT #5  
DATE 10/10/12  
DOC. EXCH.

Office Use Only



400240575114

10/03/12--01011--027 \*\*180.00

FILED  
12 OCT -9 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 18 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Angels Care of Central Florida, 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:

Paula I Westberry, PhD, RN

(Contact Person)

Angels Care of Central Florida

(Firm/Company)

102 Moon Ranch Road

(Address)

Sebring, FL, 33870

(City, State and Zip Code)

pwestberry@gmail.com

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

For further information concerning this matter, please call:

Paula Westberry, PhD, RN

(Name of Contact Person)

at ( 863 )

381 - 1958

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2012

PAULA I WESTBERRY, PHD, RN  
102 MOON RANCH ROAD  
SEBRING, FL 33870

SUBJECT: ANGELS CARE OF CENTAL FLORIDA, LLC  
Ref. Number: W12000052069

We have received your document for ANGELS CARE OF CENTAL FLORIDA, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Sorry when I called you I did not see all the required signatures were missing.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 512A00025091

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

FILED  
12 OCT -9 PM 3: 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:

Angels Care of Central Florida, Inc P1-24543  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a S 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  
(Enter state, or if a non-U.S. entity, the name of the country)

on March 19, 2010  
(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:

N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Angels Care of Central Florida, LLC  
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 10/09/2012  
(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 5th day of October 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 s.817.155, F.S.

Signature of Member or Authorized Representative: Paula Westberry, PhD, RN

Printed Name: Paula I Westberry, PhD, RN

Title: President

**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 s.817.155, F.S. [See below for required signature(s).]

Signature: EC Westberry

Printed Name: Ernest C Westberry

Title: Vice President/Treasurer

Signature: Paula W Williams

Printed Name: Paula W Williams

Title: Secretary

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.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**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**

The name of the Limited Liability Company is:  
Angels Care of Central Florida LLC

**Article II**

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

102 MOON RANCH ROAD  
SEBRING, FLORIDA, 33870

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

**Article IV**

The name and Florida street address of the registered agent is"

PAULA WESTBERRY  
102 MOON RANCH  
SEBING, FLORIDA, 33870

Having been named as registered agent and to accept service of process for the above 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.

Registered Agent Signature: Paula I Westberry, PhD, RN

*Paula Westberry PhD, RN*

## Article V

The name and address of managing members/managers are:

Title: President  
PAULA I WESTBERRY, PhD, RN  
102 MOON RANCH ROAD  
SEBRING, FLORIDA, 33870

Title: Vice President / Treasurer  
Earnest Westberry  
102 MOON RANCH ROAD  
SEBRING, FLORIDA, 33870

Title: Secretary  
PAULA W WILLIAMS  
3610 N 56<sup>TH</sup> AVE  
HOLLYWOOD, FLORIDA 33021

*Paula Westberry PhD, RN*

FILED  
12 OCT -9 PM 3: 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA