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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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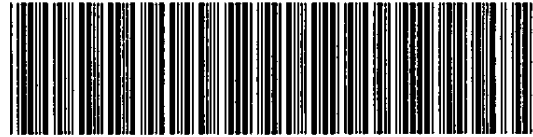
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA HOME MEDICAL SUPPLY, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Steven R. Kutner, Esquire  
(Contact Person)

Steven R. Kutner, P.A.  
(Firm/Company)

260 Lookout Place, Suite 205  
(Address)

Maitland, FL 32751  
(City, State and Zip Code)

betty@cfl.rr.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Steven R. Kutner, Esquire at (407) 644-1104  
(Name of Contact Person) (Area Code) (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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**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
FLORIDA HOME MEDICAL SUPPLY, INC.

(Enter Name of Other Business Entity)

FG0560

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  
on July 13, 1982  
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
FLORIDA HOME MEDICAL SUPPLY, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to date of receipt or filed date 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.**)

5. The plan of conversion has been approved in accordance with all applicable statutes.

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Signed this 24th day of October 2014.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: x Betty Bruinsma  
Printed Name: Betty Bruinsma Title: Manager

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

Signature: x Betty Bruinsma  
Printed Name: Betty Bruinsma Title: President

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.

**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:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**OF**

**FLORIDA HOME MEDICAL SUPPLY, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization:

**ARTICLE I**

**NAME OF THE LIMITED LIABILITY COMPANY**

The name of this Limited Liability Company shall be **FLORIDA HOME MEDICAL SUPPLY, LLC.**

**ARTICLE II**

**ADDRESS**

The mailing address and street address of the principal office of the Company shall be 614 E. Altamonte Drive, Altamonte Springs, Florida 32714.

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**ARTICLE III**

**PERIOD OF DURATION**

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date if specified. The Company's existence shall be perpetual, unless the Company is dissolved earlier as provided in these Articles of Organization or in the Operating Agreement.

**ARTICLE IV**

**REGISTERED OFFICE AND AGENT**

The initial street address in Florida of the initial registered office of the Company is 614 E. Altamonte Drive, Altamonte Springs, Florida 32714, and the name of the initial registered agent at such address is **DAVID BRUINSMA**.

**ARTICLE V**

**CAPITAL CONTRIBUTIONS**

The Members of the Company shall contribute to the capital of the Company the cash or property set forth in Exhibit "A" to the Operating Agreement.

**ARTICLE VI**

**ADDITIONAL CAPITAL CONTRIBUTIONS**

Each member shall make additional capital contributions to the Company only on the unanimous consent of all the members or as provided in the Operating Agreement.

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**ARTICLE VII**

**ADMISSION OF NEW MEMBERS**

Except as set forth in the Operating Agreement, no additional members shall be admitted to the Company except with the majority consent of all the members of the Company holding membership units of ten percent (10%) or greater, and on the terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the Operating Agreement of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all of the members of the Company holding membership units of ten percent (10%) or greater, other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

**ARTICLE VIII**

**MEMBERS' RIGHT TO CONTINUE BUSINESS**

The Company shall be dissolved on the death, bankruptcy or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by majority consent of all the members of the Company holding membership units of ten percent (10%) or greater.

**ARTICLE IX**

**MANAGEMENT**

The Company shall be managed by a manager in accordance with Operating Agreement adopted by the members for the management of the business and affairs of the Company. These Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law. The name and address of the manager of the Company is:

**NAME**

**ADDRESS**

**BETTY BRUINSMA**

614 E. Altamonte Drive  
Altamonte Springs, Florida 32714

**DAVID BRUINSMA**

614 E. Altamonte Drive  
Altamonte Springs, Florida 32714

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**IN WITNESS WHEREOF**, the undersigned organizers have made and subscribed to these Articles of Organization at Orange County, Florida on this 24 day of October, 2014.

*Betty Bruinsma*  
\_\_\_\_\_  
**BETTY BRUINSMA**

*David Bruinsma*  
\_\_\_\_\_  
**DAVID BRUINSMA**

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing Articles of Organization were acknowledged before me this 27th day of October, 2014, by **BETTY BRUINSMA** who has produced a Florida driver's license as identification or who is personally known to me.



Steven R. Kutner, Notary Public

Printed Name of Notary  
Commission No. \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing Articles of Organization were acknowledged before me this 27th day of October, 2014, by **DAVID BRUINSMA**, who has produced a Florida driver's license as identification or who is personally known to me.



Steven R. Kutner, Notary Public

Printed Name of Notary  
Commission No. \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED  
OFFICE OF THE FLORIDA HOME MEDICAL SUPPLY, LLC**

Under the provisions of F.S. 605.0133 or 605.0114, **FLORIDA HOME MEDICAL SUPPLY, LLC**, submits the following statement to designate a registered office and registered agent in the state of Florida:

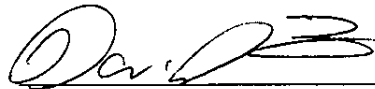
1. The name of the limited liability company is **FLORIDA HOME MEDICAL SUPPLY, LLC**.

2. The name and street address of the registered agent in Florida is:

**DAVID BRUINSMA**  
614 E. Altamonte Drive  
Altamonte Springs, Florida 32714

The undersigned, being the person named in the Articles of Organization of **FLORIDA HOME MEDICAL SUPPLY, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

Date: October 24, 2014



**DAVID BRUINSMA**  
Registered Agent

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