L 14000/74030

(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:
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W14-102413

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2014

KATHLEEN GARDEN 1001 MAYPORT RD P.O. BOX 331297 ATLANTIC BEACH, FL 32233

SUBJECT: UNF CENTER FOR QUALITY

Ref. Number: W14000062413

We have received your document for UNF CENTER FOR QUALITY and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Sections 607.1113, 605.0203, 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 an authorized representative. 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 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.

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

Letter Number: 014A00021910

COVER LETTER

Division of C	orporations						
SUBJECT: UNF Ce	enter for Quality						
SUBJECT.	(Name	of Resulting Flor	ida Limite	ed Company)			
				nd fees are submitted to accordance with s. 605.			ier
Please return all corre	espondence concernin	g this matter to):				
Kathleen Gardner							
	(Contact Person)						
UNF Center for Qu	ality						
	(Firm/Company)		_		e e e e e e e e e e e e e e e e e e e	در م	
1001 Mayport Rd	P.O. Box 331297					OF S	
	(Address)		_		3 r [].	Z	•
Atlantic Beach, FL	32233				3선동. 설립과	28 IL NOW - 7	į
(0	City, State and Zip Code)				1,145 1,145 1,145	14	
kathi@e-mri.net					<u>등</u> 편설	င်ပဲ <u>အ</u>	
E-mail Address: (to be	e used for future annual re	port notifications)		75	\sim	
For further information	on concerning this ma	tter, please cal	l:		2,111	Φ	
Kathleen C Gardne	r	at (⁷³⁴	,429	-0747			
(Name of Contact	ct Person)	(Area Co	ie) (Da	ytime Telephone Number)			
Enclosed is a check for	or the following amou	ınt:					
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS	S:			ADDRESS:			
Registration Section Division of Corporati	one	_		Section Corporations			
Clifton Building	OHS		Box 63				
2661 Executive Center	er Circle			FL 32314			

Tallahassee, FL 32301

TO: Registration Section

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Article UNF Center for Quality LLC	s of Conve	rsion is	
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a Limited Liability Corporation	5 [†] :	7 % J 12 kg	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	E. A.	2814 1160/	a, w . *. 1 3
First organized, formed or incorporated under the laws of Michigan	375) (3 5 8)	1	
9/1/2005 (Enter state, or if a non-U.S. entity, the n	name of the co	ountry)	1
(date of organization, formation or incorporation)	25.4 12.4 13.4	ထ္	٠,
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Orga	∾ ar lf Zatio	o n :
UNF Center for Quality, 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 date this document is filed by the Florida Department of State; AND 2) must be the date listed in the attached Articles of Organization, if an effective date is listed there	same as th		
5. The plan of conversion has been approved in accordance with all applicable statutes.			

Page 1 of 2

Signed this <u>26</u> day of <u>September</u>	_ 20 <u>14 </u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Xall Printed Name: Kathleen C Gardner	Title: Partner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).
Signature: Kill M. Marcher	
Printed Name: Keth M Gardaer	Title: Partnel
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature	
Signature: Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
Fces:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

UNF Center for			
(N	Aust end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	•
ARTICLE II - A	ddress:		
The mailing addr	ess and street address of th	ne principal office of the Limited Lial	oility Company is:
Principal Office	Address:	Mailing Address:	
1816 Selva Gra	nde Drive	1001 Mayport Rd.	
Atlantic Beach,		PO Box 331297	
		Atlantic Beach, FL 32233	
The name and the	Florida street address of Figure Keith M Gardner	the registered agent are:	
The name and the	Keith M Gardner	the registered agent are:	
The name and the	Keith M Gardner	Vame	
The name and the	Keith M Gardner N 1816 Selva Grande D	Vame	
The name and the	Keith M Gardner N 1816 Selva Grande D	Name Drive	
The name and the	Keith M Gardner N 1816 Selva Grande D Florida street address (Name Orive (P.O. Box NOT acceptable)	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	Keith M. Gardner	
AWDK	1816 Selva Grande Drive	
	Atlantic Beach, FL 32233	
	Additio Beach, 1 E 02200	
AMBR	Kathleen C. Gardner	
	1816 Selva Grande Drive	[
	Atlantic Beach, FL 32233	
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LE V: Effective date, if other than affective date is listed, the date mu	the date of filing:st be specific and cannot be more tha	
LE V: Effective date, if other than a ffective date is listed, the date mu days after the date of filing.)		
LE V: Effective date, if other than a ffective date is listed, the date mu days after the date of filing.)		
LE V: Effective date, if other than a ffective date is listed, the date mu days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membra accordance with section 605.0203	Der or an authorized representative of (1) (b), Florida Statutes, the execution	of a member.
LE V: Effective date, if other than in fective date is listed, the date muldays after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 institutes an affirmation under the permanagement of the permana	per or an authorized representative of conditions of perjury that the facts stated is submitted in a document to the Department of the Dep	of a member. I of this document herein are true.
LE V: Effective date, if other than a ffective date is listed, the date mu days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membra accordance with section 605.0203 astitutes an affirmation under the per maware that any false information astitutes a third degree felony as pro-	Der or an authorized representative of (1) (b), Florida Statutes, the execution submitted in a document to the Department of the condition of	of a member. I of this document herein are true.
REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 astitutes an affirmation under the permanent and the permanent and the section of the permanent and the section of the permanent and t	Der or an authorized representative of (1) (b), Florida Statutes, the execution submitted in a document to the Department of the condition of	of a member. I of this document herein are true.

ARTICLE IV-

Page 2 of 2