

L15000007646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

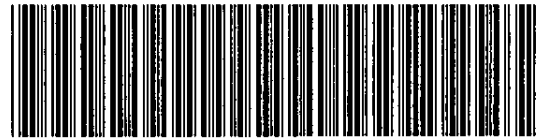
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2017 MAR 10 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2017

INCORP SERVICES, INC.
WENDY HEFLEY
3773 HOWARD HUGHES PKWY, STE. 500S
LAS VEGAS, NV 89169

SUBJECT: GINGERLY NURSING CARE LLC.
Ref. Number: L15000007646

We have received your document for GINGERLY NURSING CARE LLC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 017A00002586

RECEIVED
FEB 11 2017
1108 11 837



3773 Howard Hughes Parkway Suite 500S
Las Vegas, NV 89169-6014

Phone 702.866.2500
Toll-Free 800.2.INCORP (1-800-246-2677)
Fax 702.866.2689

www.incorp.com

March 2, 2017

Florida Department of State
Attn: Karen A. Saly
Clifton Building - 2661 Executive Center Circle
Tallahassee, FL 32301

Dear Karen A Saly:

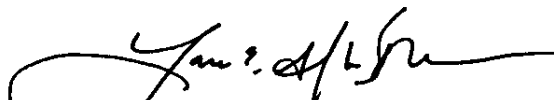
Please find enclosed rejection letter and Articles of Conversion for resubmission. The entity is now current with reports for 2017. Please return file stamped evidence of this filing to the address shown below:

InCorp Services, Inc.
3773 Howard Hughes Parkway Suite 500S
Las Vegas, NV 89169-6014
Attn: PROCESSING DEPARTMENT

Thank you for your assistance with this matter. Should you have any questions or concerns, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

INCORP SERVICES, INC.



Yara E. Alfaro-Sullivan
Processing Lead
yara.alfaro-sullivan@incorp.com

Encls

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GINGERLY NURSING CARE LLC.

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Wendy Hefley

Contact Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway, Suite 500s

Address

Las Vegas, NV 89169

City, State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Wendy Hefley for InCorp Services, Inc.

at (702) 866-2500

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee
and Certificate of
Status

☒ \$55.00 Filing Fee
and Certified Copy

☐ \$60.00 Filing Fee,
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

CR2E106 (07/14)

Articles of Conversion
For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

FILED
2017 MAR 10 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

GINGERLY NURSING CARE LLC.

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

GINGERLY NURSING CARE LLC.

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a Limited Liability Company

(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware

(Enter state, or if a non-U.S. entity, the name of the country)

on 02/01/2017

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: 02/01/2017

(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 of the conversion under the laws governing the "Other Business Entity.")

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

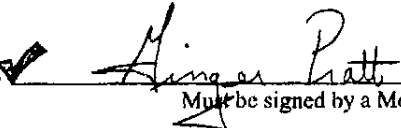
a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 2743 1st St., #1606
Fort Myers, FL 33916

Mailing Address: 2743 1st St., #1606
Fort Myers, FL 33916

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 25th day of January, 2017

Signature: 

Must be signed by a Member or Authorized Representative

Printed Name: Ginger Pratt Title: Member

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

FILED
2017 MAR 10 PM 12:34
RECEIVED EARLY OF STATE
TALLAHASSEE, FL 32304