

L15000195882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

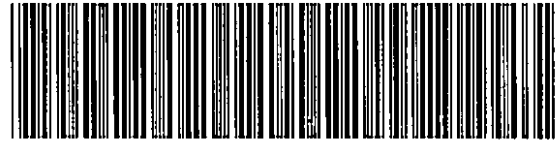
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/28/19--L1 127-614 **5010

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2019 JAN 28 PM 1:29
U.S. DEPARTMENT OF STATE
PASSPORTS AND INTERNATIONAL AFFAIRS
LONDON

BRUCE
FEB 21 2019

O'KEEFE LAW, P.A.
1111 BRICKELL AVENUE, SUITE 1300
MIAMI, FL 33131
(305) 213-9029

February 19, 2019

Via U.S. Mail

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attention: Ms. Deborah Bruce

Subject: Carie Health, LLC
Ref. Number L15000195882

Dear Ms. Bruce,

I received the attached letter from you regarding the conversion of Carie Health, LLC from a Florida limited liability company into a Delaware corporation. The conversion was not processed because the company had not filed its annual report. The annual report has now been filed and I have attached the original documentation that you returned to me.

Please let me know if there is anything else you need from me in order to process the conversion.

Sincerely,

Douglas L. O'Keefe
Douglas L. O'Keefe, Esq.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2019

DOUGLAS L. O'KEEFE, ESQ.
O'KEEFE LAW, P.A.
1111 BRICKELL AVE, STE 1300
MIAMI, FL 33133

SUBJECT: CARIE HEALTH, LLC
Ref. Number: L15000195882

We have received your document for CARIE HEALTH, LLC and your check(s) totaling \$30.00. 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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 119A00002388

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STATE OF FLORIDA
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carie Health, 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:

Douglas L. O'Keefe, Esq.

Contact Person

O'Keefe Law, P.A.

Firm/Company

1111 Brickell Avenue, Suite 1300

Address

Miami, FL 33133

City, State and Zip Code

dokeefe@dokeefelaw.com

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

For further information concerning this matter, please call:

Douglas O'Keefe

Name of Contact Person

at (305) 213-9029

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 (05/17)

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 STATE OF FLORIDA
 TALLAHASSEE COUNTY

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

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:

Carie Health, LLC

Enter Name of Florida Limited Liability Company

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

Carie Health, Inc.

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a **corporation**

(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)

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: **January 28, 2018**

(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.

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DEPARTMENT OF STATE
ALL CHANGES MUST BE FILED IN FLORIDA

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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: 1111 Brickell Avenue, Suite 1550
Miami, FL 33133

Mailing Address: _____

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, 2019

DocuSigned by:
Matt Wanderer
Signature: _____
80F4ED875B404E3... Must be signed by a Member or Authorized Representative

Printed Name: Matthew Wanderer Title: CEO

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

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FALL MASSES FLORIDA
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