

L160000015685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

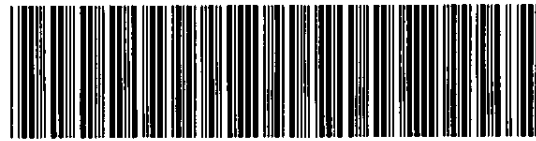
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000281435760

01/28/16--01001--006 **150.00

RECEIVED
DEPARTMENT OF STATE
16 JAN 27 PM 3:54

RECEIVED
DEPARTMENT OF STATE
16 JAN 27 AM 9:28
TALLAHASSEE, FLORIDA

JAN 28 2016

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IN HOME HEALTHCARE 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:

(Contact Person)

INCORPORATING SERVICES, LTD.

(Firm/Company)

(Address)

TALLAHASSEE, FL 32301

(City, State and Zip Code)

radiv@incserv.com

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

For further information concerning this matter, please call:

MELISSA

at (_____) 656-7956
(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

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:
IN HOME HEALTHCARE INC. 05-33013
(Enter Name of Other Business Entity)

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 04/10/2015
(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:
IN HOME HEALTHCARE 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.)
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.

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

FILED
16 JAN 27 AM 8:28
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Signed this 22nd day of JANUARY 20 16

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Sindy Athanassoulis
Printed Name: SINDY ATHANASSOULIS Title: MEMBER

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

Signature: Jess Goodman
Printed Name: JESS GOODMAN Title: DIRECTOR, VICE PRESIDENT

Signature: Rita Mitchell
Printed Name: RITA MITCHELL Title: DIRECTOR, PRESIDENT

Signature: Lori Brown
Printed Name: LORI BROWN Title: DIRECTOR

Signature: Sindy Athanassoulis
Printed Name: SINDY ATHANASSOULIS Title: DIRECTOR, TREASURER, SEC.

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IN HOME HEALTHCARE LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4825 GULF OF MEXICO DR. C106
LONGBOAT KEY, FL 34228

Mailing Address:

4825 GULF OF MEXICO DR. C106
LONGBOAT KEY, FL 34228

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

INCORPORATING SERVICES LTD.

Name

1540 GLENWAY DRIVE

Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE

FL 32301

City

Zip

16 JAN 27 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated 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 as provided for in Chapter 605, F.S.

Melissa D. [Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JESS GOODMAN

1492 MARSHWOOD PLACE

MISSISSAUGA, ON L5J 4-J6 CANADA

AMBR

RITA MITCHELL

911 70TH DRIVE EAST

SARASOTA, FL 34243 USA

AMBR

LORI BROWN

102-637 LAKESHORE BLVD, WEST

TORONTO, ON M5V 3-J6 CANADA

AMBR

SINDY ATHANASSOULIS

7 FOGERTY ST.

BRAMPTON, ON L6Y 5-K3 CANADA

(Use attachment if necessary)

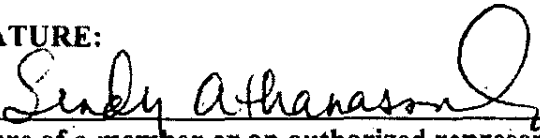
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SINDY ATHANASSOULIS, AUTHORIZED MEMBER

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)