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SECRETARY OF STATE

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COVER LETTER

TO: Registration S Division of C					•
1 1/1	ND HOME, LLC				
SUBJECT:		of Resulting Florida	Limite	d Company)	
				d fees are submitted to convectordance with s. 605.1045,	
Please return all corre	espondence concernin	g this matter to:			
KARINA MIRANDA					
	(Contact Person)				
1 KIND HOME, LLC					
	(Firm/Company)				
911 SW 12 AVENUE					
	(Address)				
MIAMI, FL 33130					
	City, State and Zip Code)				
onekindhome@msn.com	1				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
KARINA MIRANDA		_at (776-4	1437	
(Name of Conta	nct Person)	(Area Code)	(Day	time Telephone Number)	
Enclosed is a check t	for the following amou	int:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:				ADDRESS:	
Registration Section		Registration Section			
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327			
2661 Executive Center Circle		Tallahassee, FL 32314			

INHS11 (06/15)

Tallahassee, FL 32301



1 Kind Home, Inc. Assisted Living Facility

February 26, 2016

Ms. Teresa Brown
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: 1

1 Kind Home

Conversion into LLC

Dear Ms. Brown,

This letter is in response to your letter dated February 9, 2016 (ref. W16000009953) in which you state that I must first file the annual report and then petition the conversion.

As requested the annual report has been filed. I would greatly appreciate it if the conversion takes place as soon as possible (whichever date is possible).

If you have any questions, please do not hesitate to contact me at (305) 776-4437. Thank you for your attention to this matter.

Cordially,

Karina Miranda Administrator



February 9, 2016

KARINA MIRANDA 911 SW 12 AVE MIAMI, FL 33130

SUBJECT: 1 KIND HOME, LLC Ref. Number: W16000009953

We have received your document for 1 KIND HOME, LLC and your check(s) totaling \$155.00. 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) 245-6052.

Teresa Brown Regulatory Specialist II

Letter Number: 816A00002799

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 Bu 1 KIND HOME, INC.	siness Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The "Other Business Entity	is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or inco	rporated under the laws of FLORIDA
10/13/2009	(Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation	or incorporation)
3. The name of the Florida Lin I KIND HOME, LLC	nited Liability Company as set forth in the attached Articles of Organization:
(Enter)	lame of Florida Limited Liability Company)
4. If not effective on the date of	of filing, enter the effective date: FEBRUARY 1, 2016
(The effective date: 1) cannot date this document is filed by date listed in the attached Ar	t be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; <u>AND</u> 2) must be the same as the effective ticles of Organization, if an effective date is listed therein.) k does not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has	been approved in accordance with all applicable statutes.

Page 1 of 2

\	day of <u>JANUARY</u>	
	norized Representative of Lim	, , , , , , , , , , , , , , , , , , ,
Signature of Authorited Name: KAR	orized Representative:	Title: MGRM
Signature(s) on be	half of Other Business Entity:	[See below for required signature(s)]
Signature:	I Knih	
Printed Name KAR	INA MIRANDA	Title: PRESIDENT
Si		
		Title:
1111100 1141110		
Signature:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
rimed Name.	8/300	Title
Signature:		
Printed Name:		Title:
	ation: nan, Vice Chairman, Director, or cers have not been selected, an In	
If Florida General Signature of one G	Partnership or Limited Liabil eneral Partner.	ity Partnership:
If Florida Limited Signatures of ALL	Partnership or Limited Liabili General Partners.	ity Limited Partnership:
All others: Signature of an aut	horized person.	
Fees:		
		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
1 KIND HOME, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
911 SW 12 AVENUE	911 SW 12 AVENUE
MIAMI, FL 33130	MIAMI, FL 33130
The name and the Florida street address of the re MIRANDA, KARINA Name	gistered agent are:
911 SW 12 AVENUE	4444444
Florida street address (P.O.	Box NOT acceptable)
МІАМІ	FL 33130
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	
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Page 1 of 2

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGRM	KARINA MIRANDA
MUKWI	911 SW 12 AVENUE
	MIAMI, FL 33130
	MIAMI, FL 33130
(Use attachment if necessary)	
(Ose attachment if necessary)	
ARTICLE V. Effective date if other than the	date of filing: FEBRUARY 1, 2016 . (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.)	be specific and cannot be more than 1100 business and a principal
	he applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's	
ARTICLE VI: Other provisions, if any.	
	hose filed commensurate with the Annual Report. All other
	nitted in writing. Therefore, electronic changes to these articles not
filed as part of the Annual Report are invalid. Request	validation by sending email to onekindhome@msn.com

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.

KARINA MIRANDA

REQUIRED SIGNATURE:

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)

Page 2 of 2