21600000011

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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SECRETARY OF STATE
TALLATE SSPELF CORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2016

NELSON DEJESUS, SR. 2623 KENCHESTER LOOP WESLEY CHAPEL, FL 33543

SUBJECT: NELSON'S CPR & FIRST AID TRAINING, LLC

Ref. Number: W16000004758

SECRETARY OF STATE TALL/RUSSES TANDA

We have received your document for NELSON'S CPR & FIRST AID TRAINING, LLC 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 effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 716A00001503

COVER LETTER

TO:	Registration S Division of C					
SUB.	JECT: Nelson's	CPR & First Aid Training,	LLC			
			of Resulting Florid	la Limite	ed Company)	
					nd fees are submitted to convert an "Or coordance with s. 605.1045, F.S.	ther
Pleas	e return all corre	espondence concernin	g this matter to	i		
Neiso	n DeJesus, Sr.					
		(Contact Person)		_		
Neiso	n's CPR & First Ai	d Training, LLC				
		(Firm/Company)		_		
2623	Kenchester Loop					
		(Address)		-		
Wesle	y Chapel, FL 3354	3				
	((City, State and Zip Code)		_		
nelso	ncpr@verizon.net					
E-	mail Address: (to b	e used for future annual re	port notifications)	_		
For f	urther informati	on concerning this ma	tter, please call			
Nelso	n DeJesus, Sr.		_at (813	994-2	2646	
	(Name of Conta	ect Person)	(Area Cod	c) (Day	ytime Telephone Number)	
Enclo	osed is a check f	for the following amou	int:			
(\$25 f & \$12	50.00 Filing Fees for Conversion 5 for Articles ganization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filir and Certified Co	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regist Division Clifto 2661	EET ADDRES stration Section sion of Corporat on Building Executive Cent	ions er Circle	Regis Divis P. O.	tration ion of C Box 63	ADDRESS: Section Corporations 27 FL 32314	

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: Nelson's	CPR & First Aid Training,	LLC		
	(Name	of Resulting Florida	Limited	Company) ,
				fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	g this matter to:		
Nelson DeJesus, Sr.				
	(Contact Person)			
Nelson's CPR & First A	Aid Training, LLC			
	(Firm/Company)			
2623 Kenchester Loop				
	(Address)			
Wesley Chapel, FL 335	543			
	(City, State and Zip Code)			
nelsoncpr@verizon.net				
E-mail Address: (to	be used for future annual re	port notifications)		
For further information	tion concerning this ma	tter, please call:		
Nelson DeJesus, Sr.		_at (⁸¹³	994-26	546
(Name of Con	tact Person)	(Area Code)	(Dayt	ime Telephone Number)
Enclosed is a check	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 Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES		MAILI Registra		DDRESS: ection
Division of Corpora	ations			orporations
Clifton Building 2661 Executive Cer	stev Cirolo	P. O. B		
Tallahassee, FL 32		і апапа	ssee, r	L 32314

INHS11 (06/15)

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.

(Ent	er 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 incorpor	ated under the laws of Florida
06/17/2004	(Enter state, or it a non-U.S. entity, the name of the country)
(date of organization, formation or inc	orporation)
Nelson's CPR & First Aid Training, LLC	
(Enter Name	of Florida Limited Liability Company)
	of Florida Limited Liability Company) ing, enter the effective date: April 1, 2016
4. If not effective on the date of fili (The effective date: 1) cannot be date this document is filed by the date listed in the attached Article	ing, enter the effective date: April 1, 2016 prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; AND 2) must be the same as the effective s of Organization, if an effective date is listed therein.) es not meet the applicable statutory filing requirements, this date will not be listed as the

Page 1 of 2

SECRETARY OF STATE
TALLAS SEEE, FLORIDA

Signed this 19th day of March	_ 20_16
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Nelson DeJesus, Sr.	Title: Member/Manager
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)
Signature: Nelson De Jesus, Sr.	Title: President
Signature:	
Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit	· ·
Signature of one General Partner.	y ratticismp.
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

ARTICLE I - Name: The name of the Limited Liability Company is	:
Nelson's CPR & First Aid Training, LLC	
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2623 Kenchester Loop	Same
Wesley Chapel, FL 33543	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
Nelson DeJesus, Sr.	
Nam	ne ·
2623 Kenchester Loop	-
Florida street address (P.C	D. Box NOT acceptable)
Wesley Chapel	FL 33543
City	Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 HAR 29 AH II::03

SECRETARY OF STATE
TALLAH/SSTE, FLORIDA

	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Nelson DeJesus, Sr.
	2623 Kenchester Loop
	Wesley Chapel, FL 33543
	· · · · · · · · · · · · · · · · · · ·
· -	
LE V: Effective date, if other that fective date is listed, the date m	n the date of filing: April 1, 2016 . (OPTIONAL ust be specific and cannot be more than five business da
fective date is listed, the date m days after the date of filing.)	ust be specific and cannot be more than five business dancet the applicable statutory filing requirements, this date will not be lie
LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) the date inserted in this block does not n	ust be specific and cannot be more than five business dancet the applicable statutory filing requirements, this date will not be lie
LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) he date inserted in this block does not n's effective date on the Department of S LE VI: Other provisions, if any. REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be littate's records.
LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) he date inserted in this block does not n's effective date on the Department of SLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is executed I am aware that any false in	neet the applicable statutory filing requirements, this date will not be littate's records.
LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) he date inserted in this block does not not seffective date on the Department of SLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mere This document is executed 1 am aware that any false in constitutes a third degree file.	neet the applicable statutory filing requirements, this date will not be littate's records. The property of a member or an authorized representative of a member. In accordance with section 605.0203 (1) (b). Florida Statutes. Information submitted in a document to the Department of State
LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) he date inserted in this block does not not seffective date on the Department of SLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menuing the second of the s	neet the applicable statutory filing requirements, this date will not be listate's records. nber or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida Statutes. information submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) he date inserted in this block does not not seffective date on the Department of SLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menual constitutes a third degree for the date of t	neet the applicable statutory filing requirements, this date will not be littate's records. The property of a member or an authorized representative of a member. In accordance with section 605.0203 (1) (b). Florida Statutes. Information submitted in a document to the Department of State

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

ARTICLE IV-