

L160000074530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 APR 26 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

APR 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2017

MEKELLE ANDREZZI
206 NORTH 2100 WEST, SUITE 202
SALT LAKE CITY, UT 84116

SUBJECT: BRISTOL HOSPICE- MIAMI DADE, LLC
Ref. Number: L16000074530

We have received your document for BRISTOL HOSPICE- MIAMI DADE, 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.

The Certificate of Conversion must state the effective date of the conversion. The effective date 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 of the conversion under the laws governing the other business entity.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00004501



Bristol Hospice
EMBRACING A REVERENCE FOR LIFE

March 2, 2017

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Conversion
Application to Transact Business in Florida

To Whom It May Concern:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida with a check in the amount of \$130.00 to cover the filing fee and certificate of status and Articles of Conversion for Florida Limited Liability Company into Converted or Other Business Entity with a check in the amount of \$30 to cover the filing fee and certificate of status.

If anything additional is required, please contact me at the phone number or email below.

Thank you for your assistance in this process.

Sincerely,

McKelle Andrezzi
Dir. of Licensure and Accreditation
Bristol Hospice, L.L.C.
(801) 656-2769
Mekelle.andrezzi@bristolhospice.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bristol Hospice - Miami Dade, 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:

MeKelle Andrezzi

Contact Person

Bristol Hospice, L.L.C.

Firm/Company

206 North 2100 West, Suite 202

Address

Salt Lake City, Utah 84116

City, State and Zip Code

mekelle.andrezzi@bristolhospice.com

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

For further information concerning this matter, please call:

MeKelle Andrezzi

at (801) 656-2769

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"

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:

Bristol Hospice - Miami Dade, LLC

Enter Name of Florida Limited Liability Company

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

Bristol Hospice - Miami Dade, 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 **Utah**
(Enter state, or if a non-U.S. entity, the name of the country)

on _____
(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: **March 1, 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.

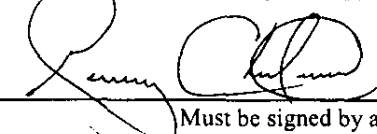
6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

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: 206 North 2100 West, Suite 202
Salt Lake City, Utah 84116
Mailing Address: Same as Street 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 1st day of March, 2017

Signature: 
Must be signed by a Member or Authorized Representative

Printed Name: Gerry Christensen Title: CFO/VP Finance

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

FILED
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