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# **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	Core Cural (Name	IVE LLC of Resulting Florida Limite	ed Company)
			nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
Dana	(Contact Person)		
Core Cu	(Firm/Company)		
2741 Via	Cipriani (Address)	# 9148.	
Clearwai	City, State and Zip Code)	164	
do		k 0	
CellPhone	e used for future annual re (813) 842-72 on concerning this ma	port notifications)	
(Name of Conta	ct Person)	_at ()(Area Code) (Day	rtime Telephone Number)
Enclosed is a check f	or the following amou	nt:	
\$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	S:	MAILING A	ADDRESS:
Registration Section		Registration S	
Division of Corporati	ons	Division of C	
Clifton Building 2661 Executive Cente	ne Cirale	P. O. Box 632	
Tailahassee, FL 3230		Tallahassee, I	"L J2314

INHS11 (06/15)

## **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:
(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
on 03/24/2016 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Core Ctifalive, LLC (Enter Name of Florida Limited Liability Company)
(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

Page 1 of 2

Signed this day ofApril	20 <u>1 <b>6</b></u>
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: Dana M Halliday	Mallida
Signature of Authorized Representative:	Till Day of Manage
Printed Name: Daka 11 Hallingy	Title: Member Monager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
(x) Signature: MAdudas	
Printed Name: Dana M Halliday	Title: PresidenT
Siamatura.	
Signature:Printed Name:	Tide
Printed Name:	11tle:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title
Signature:	
Signature: Printed Name:	Title:
16 Florida Companyian	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Ir	
If Florida General Partnership or Limited Liabil	ity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ity 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:	\$25.00 \$125.00
Certified Copy:	\$125.00 \$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:	
Core Curative, L. (Must end with the words "Limited Liabil	LC lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
# 914B Clearwater, FL 33764	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	I Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Dana M +	talliday
Florida street address (P.O	Box NOT acceptable)
<u>Clearwater</u> City	FL 33764 Zip
Having been named as registered agent and to	accept service of process for the above stated limited

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

OLEANING BY COMPRISE

**APR 28** 

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Dona M. Halliday
	2741 Via Ciprion: # 914B
	Clearwater, FL 33764
<del></del>	
	ne date of filing: (OPTIONAL
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)  If the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet nt's effective date on the Department of State CLE VI: Other provisions, if any.	the applicable statutory filing requirements, this date will not be lis
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CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in a I am aware that any false inform	the applicable statutory filing requirements, this date will not be lise is records.  The records of the applicable statutory filing requirements, this date will not be list is records.  The record of the representative of a member of the recordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in a I am aware that any false inform constitutes a third degree felony	the applicable statutory filing requirements, this date will not be list's records.  Per or an authorized representative of a member.  Accordance with section 605.0203 (1) (b), Florida Statutes.  The provided in a document to the Department of State of a provided for in s.817.155, F.S.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in a I am aware that any false inform constitutes a third degree felony	the applicable statutory filing requirements, this date will not be lise is records.  The records of the applicable statutory filing requirements, this date will not be list is records.  The record of the representative of a member of the recordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State

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