

L17000007509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN 10 PM 3:00

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2017 JAN 12 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FL 32310

C. GOLDEN
JAN 12 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 1/10/17

ACCT. I20160000072

en: c SW

Name:	HCR Manor Care Services
Document #:	
Order #:	10323090 (1 of 2)

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

<u>Filing:</u>	Certified:
	<u>Plain:</u>
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Availability	_____
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Verifier	_____
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Ref#	_____

Amount: \$	150
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TALLAHASSEE, FL 32309
SECRETARY OF STATE

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCR Manor Care Services of Florida III, 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:

Cheryl Adamski
(Contact Person)
HCR ManorCare
(Firm/Company)
333 N. Summit Street
(Address)
Toledo, Ohio 43604
(City, State and Zip Code)
cadamski@hcr-manorcare.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Cheryl Adamski at (419) 252-5837
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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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

INHS11 (02/14)

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2017 JAN 12 PM 2:51
SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2017

CT CORP

SUBJECT: HCR MANOR CARE SERVICES OF FLORIDA III, LLC
Ref. Number: W17000002106

We have received your document for HCR MANOR CARE SERVICES OF FLORIDA III, LLC and the authorization to debit your account in the amount of \$150.00. However, the document has not been filed and is being returned for the following:

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 the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 317A00000588

PP
2017 JAN 12 PM 2:51
FILED
SECTION 205
TALLAHASSEE, FLORIDA

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17 JAN 12 11:11:38
SUNBIZ

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
HCR Manor Care Services of Florida III, Inc.

(Enter Name of Other Business Entity) P11060053618

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 6/7/2011 (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:
HCR Manor Care Services of Florida III, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: April 1, 2017
(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.)

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

Signed this 10th day of January 2017.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Patricia A. McCormick

Title: Authorized Person

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

Signature: 

Printed Name: Patricia A. McCormick

Title: Secretary

Signature: _____

Printed Name: _____

Title: _____

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 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)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HCR Manor Care Services of Florida III, 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:

Mailing Address:

333 N. Summit Street

Toledo Ohio 43604

333 N. Summit Street

Toledo, Ohio 43604

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL

33324

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..

C T Corporation System

By:



Registered Agent's Signature (REQUIRED)

Kristin Bolden
Assistant Secretary

(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

Name and Address:

SEE ATTACHED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 1, 2017. (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Patricia A. McCormick, Authorized Person

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN 12 PM 2:51

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	Name	Address
MGR	Allen, Martin David	333 N. Summit Street, Toledo, Ohio 43604
MGR	Hoops, Kathryn Sue	334 N. Summit Street, Toledo, Ohio 43604
MGR	Kaczor, Elizabeth M.	335 N. Summit Street, Toledo, Ohio 43604
MGR	Kight, Daniel Hill	336 N. Summit Street, Toledo, Ohio 43604
MGR	Kile, Thomas R.	337 N. Summit Street, Toledo, Ohio 43604
MGR	McCormick, Patricia A.	338 N. Summit Street, Toledo, Ohio 43604
MGR	Reed, Michael John	339 N. Summit Street, Toledo, Ohio 43604
MGR	Talbert, Eric John	340 N. Summit Street, Toledo, Ohio 43604

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SECRET
TALLAHASSEE, FL 32301