

L17000024113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

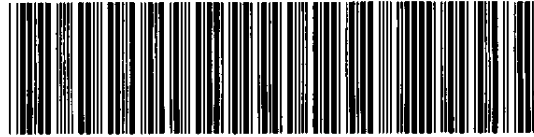
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C. GOLDEN

FEB -1 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

2/1/17

ACCT. I20160000072

encl DW

| | |
|-------------|------------------------------------|
| Name: | HCR Manor Care Services of Florida |
| Document #: | |
| Order #: | 10348003 |

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

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| Availability | _____ |
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| Examiner | _____ |
| Updater | _____ |
| Verifier | _____ |
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| Ref# | _____ |

Amount: \$ 150.00

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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCR Manor Care Services of Florida, 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

(Name of Contact Person)

at (419) 252-5837

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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:

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

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TALLAHASSEE, FL
SFO 113011616

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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, Inc.

(Enter Name of Other Business Entity) PO6000132862

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 10/18/2006 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)

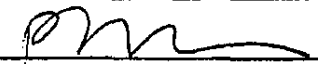
3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
HCR Manor Care Services of Florida, LLC
(Enter Name of Florida Limited Liability Company)

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 31st day of January 2017.


Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Patricia A. McCormick

Title: Secretary

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:

HCR Manor Care Services of Florida, 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:

333 N. Summit Street

Toledo Ohio 43604

Mailing Address:

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

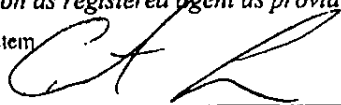
City

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:



**Cristina Lam
Vice President**

Registered Agent's Signature (REQUIRED)

(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, Secretary

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

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| Name | Title | Title Role |
|------------------------|--------------------------|------------|
| Allen, Martin David | Director | Director |
| Hoops, Kathryn Sue | Vice President | Officer |
| Kaczor, Elizabeth M. | Vice President | Officer |
| Kight, Daniel Hill | Treasurer | Officer |
| Kile, Thomas R. | Assistant Treasurer | Officer |
| Lanning, David B. | Vice President | Officer |
| McCormick, Patricia A. | Secretary | Officer |
| Reed, Michael John | President | Officer |
| Talbert, Eric John | Assistant Vice President | Officer |

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