L17000223749

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	:
Special Instructions to Filing Officer:	

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10/27/17--01016--029 **155.00

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T. BURCH OCT 3 0 2017

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Elizabeth Marie Andrews (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Elizabeth Hariel Erano (Contact Person)
(Firm/Company)
2637 East Otlantic Blud # 1058 (Address)
Pon pano Local Ft 330(02 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (50) 277-0165 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certified Copy \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED 17 007 27 AM 9: 30

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 filling of the Articles of Conversion is:
Florida Health & Sotety Services Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust etc.
First organized, formed or incorporated under the laws of \(\frac{\frac{1}{2} \frac{1}{2} \frac{1}{2} \}{\text{(Enter state, or if a non-U.S. entity, the name of the country)}}\)
(Effet state, of it a horizons, the harme of the country)
on 07/19/06 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Elizabeth Marie Andrews LLC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Otto 23, 2617 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) 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. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

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

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of October	20 1 .
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: 7420	With Morie gerano
Signature of Authorized Representative: Eizg Printed Name: Eizgbeth Mone	Title: President outrer
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Tischet Marie Eron Printed Name: Elizabeth Marie Andre	40 Presidet Journe
Printed Name: Chronocath Morine Andre	withde and
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	
0.	
Signature:Printed Name:	Title
rinted Name.	
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 In-	
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	ty i mixing.
If Therida I imited Dane and the an I imited I in this	to I to the A Dente continu
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ry Limited Partnersnip:
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$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: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Companylis: **Principal Office Address: Mailing Address:** 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: Florida street address (P.O. Box NOT acceptable) Codal Springs FL 33076 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Ambridge	Andrew Eramo 11151 Hean Baylor ad 4122
	Coral Springs FI 33076
AMBRINGR	Elizabeth Morie Hockens E 2637 E attentic Blod #1058 Pompano Boch FL 33062
-	
	27 27
(Use attachment if necessary)	20 20
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	andrews Evamo
This document is executed in accordance	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony
ell il	ine andrews Erons
Maghath Mari	yped or printed name of signee

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

ARTICLE IV-