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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 12 2018

T SCHROEDER

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hawk Healthcare, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication **of a Non-U.S. Entity** and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David W. Jahnke, Esq.

Name of Person

Dinsmore & Shohl LLP

Firm/Company

255 East Fifth Street, Suite 1900

Address

Cincinnati, OH 45202

City/State and Zip Code

david.jahnke@dinsmore.com

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

For further information concerning this matter, please call:

David W. Jahnke, Esq.

513 977-8611

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Articles of Domestication: \$25
Articles of Organization: \$125
Total to Domesticate and file: \$150

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:
Hawk Healthcare, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Connecticut
(Enter state, or if a non-U.S. entity, the name of the country)

on June 30, 2004
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached **Articles of Organization**:
Hawk Healthcare, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____

(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.

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

6. 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.

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Signed this 31st day of January 20 18.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: /s/ William Shea

Printed Name: William Shea Title: Manager

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

Signature: /s/ William Shea

Printed Name: William Shea Title: Manager

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:

Hawk Healthcare, LLC

(Must contain 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:

1010 Poinsettia Road

1010 Poinsettia Road

Delray Beach, FL 33483

Delray Beach, FL 33483

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:

William F. Shea

Name

1010 Poinsettia Road

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

Delray Beach

FL 33483

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" Authorized Member

"MGR" Manager

MGR

Name and Address:

William F. Shea

1010 Poinsettia Road

Delray Beach, FL 33483

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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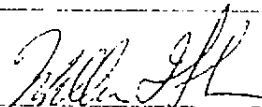
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ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.)

ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:



Signature of a member or an authorized representative

In accordance with section 605.0205 (3) 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.317.155, F.S.

William F. Shea

Typed or printed name of signer

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)