

LI8000170568

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

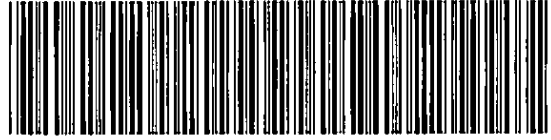
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DATE: 7/13/18

NAME: DEHEART DIAMOND HOME HEALTH INC

TYPE OF FILING: CONVERSION

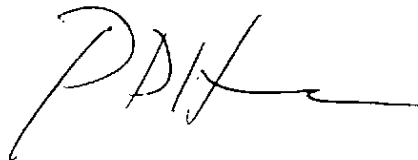
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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.605.104, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
DEHEART DIAMOND HOME HEALTH, INC. **P18000057611**
(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 FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on JUNE 28, 2018
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
DEHEART DIAMOND HOME HEALTH, 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.)

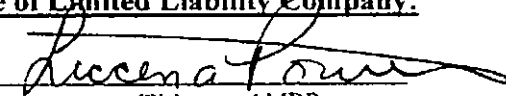
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Signed this 13TH day of JULY 2018.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: LUCENA POWELL Title: AMBR

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

Signature: 
Printed Name: LUCENA POWELL Title: PRESIDENT

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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SECRETARY OF STATE
STATE OF MICHIGAN

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

DEHEART DIAMOND HOME HEALTH, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

430 PEACE COURT
KISSIMMEE, FLORIDA 34759

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

LUCENA POWELL
430 PEACE COURT
KISSIMMEE, FLORIDA 34759

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TALLAHASSEE, FLORIDA

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.



LUCENA POWELL / Registered Agent's signature

ARTICLE IV AUTHORIZED PERSON(S)

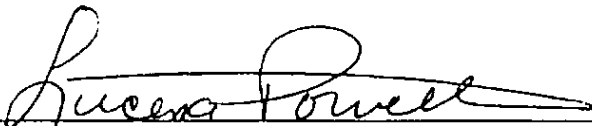
The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER
LUCENA POWELL
430 PEACE COURT
KISSIMMEE, FLORIDA 34759

AUTHORIZED PERSON
LATASHA THOMAS PACE
834 E ROBINSON STREET
GROVELAND, FLORIDA 34736

AUTHORIZED PERSON
DENNIS G POWELL
430 PEACE COURT
KISSIMMEE, FLORIDA 34759

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SOUTH FLORIDA COUNTY
STATE OF FLORIDA

X 
LUCENA POWELL / Authorized Representative's signature

(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.)