

(Re	questor's Name)		
(Ad	dress)		
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(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

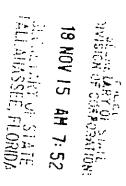
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2018

MICHAEL J. HEATH 167 108TH AVE TREASURE ISLAND, FL 33706

SUBJECT: COMMUNITY SERVICES OF MELROSE, LLC

Ref. Number: W18000096773

We have received your document for COMMUNITY SERVICES OF MELROSE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return 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.

Letter Number: 618A00022734

Keyna E Page Regulatory Specialist II

(1.7. 51.40°°) (1......)

### COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	COMMUNITY SERVICES OF I	MELROSE, I	LI.C
	Nam	ic of Limited Liab	oility Company
Dear Sir o	or Madam:		
The enclos	sed Articles of Domestication of a Non-	U.S. Entity ar	nd fee(s) are submitted for filing.
Picase retu	urn all correspondence concerning this n	natter to the fo	llowing:
MICHAE	EL J. HEATH		
	Name of Person		_
LAW OF	FICES OF MICHAEL J. HEATH		
	Firm/Company	<del></del>	-
167 1081	TH AVE		
	Address		-
TREASU	JRE ISLAND		
	City/State and Zip Code		-
STDOOL	LEY56@GMAIL.COM		
-	E-mail address: (to be used for future annual rep	ort notification)	
For further	r information concerning this matter, ple	ase call:	
MICHAE	EL HEATH	727 at (	360-2771
	Name of Person	Area Code	Daytime Telephone Number
	COURIER ADDRESS:		NG ADDRESS:
New Filing			ling Section
Clifton Bu	f Corporations	Division P.O. Bo	n of Corporations
	utive Center Circle		ssee, Florida 32314
	e, Florida 32301	1 a 1 a 1 a	aace, i luitud J2J14
	Articles of Domes Articles of Organ		\$25 \$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 3.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Buriness Emity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Community Services of Melross, LLC. (Enter Name of Plorida 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 stannery 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 505.1061-605.1072, F.S.

Signed this day of	_ 20				
Signature of Authorized Representative of Limited Liability Company;					
Signature of Authorized Representative: Signature Of Authorized Representative: Value of Authorized Re					
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]					
Signature:					
Signature: Y Scholer Bookey	Title Manager				
Signature:	3				
Signature: Printed Name:	_ Title:				
Signature: Printed Name:	Tiela				
Times Helic.	Title.				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Signature: Printed Name: Tide:					
France Name: 1196;					
If Fiorida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer.					
If Directors or Officers have not been selected, an Incorporator must sign.					
It 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)				

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A.	₹TI	$\mathbf{c}$	Æ	ĭ	_ '	N	ATH	٠.
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The name of the Limited Liability Company is:

Community Services of Metrose, LLC

(Musi contain the words "Limited Liability Company, "LLC," or "LLC.")

### ARTICLE U - Address:

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

Principal Office Address:	
1010 1010 10	<b>_</b> .

Mailing Address:

Melrose, Frances Melrose, Frances

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Linbillty Company cannot serve as its own Registered Agent. You must designate an inclytidual or another business entity with an active Florida registration.)

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

Sandra Dooley

Name

12005 3rd 5t. E. # 3

1.04 La Cevicus Trait

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

Trasure 15600

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 (REOURLED)

(CONTINUED)

18 NOV 15 AM 7: 52

#### ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Addrasa:
"MGR" = Manager	Sandra Dooley PD BOX 390 Metrose, FL 32666
MMR	Diane Frans PO Box 390 metrose. Fr 3210610
<u>mgr</u>	Emory Inpstructs, inc PD May 290 Metron, Pl 52666
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Simple of a selection	olina

Signature of a member or an authorized depresentative of a member. This document is executed in accordance with accion 605.0203 (1) (b), Florida Statutes. I am aware that any falso information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, F.S.

Sandra Donley
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)