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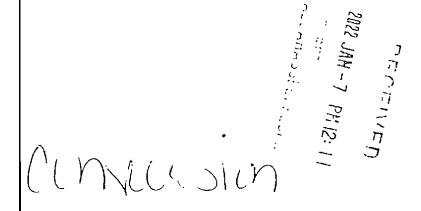
(F	Requestor's Name)	
(<i>F</i>	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
([Document Number)	
Certified Copies	Certificates of 3	Status
Special Instructions t	a Filing Officer:	
<u> </u>		

Office Use Only



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CORPORATE ACCESS, __

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
xx	РНОТОСОРУ		
	cus		
хх	FILING	CONVERSION	
	LAKE POINTE SNF OPERATIONS I	LLC	
	(CORPORATE NAME AND DOCU	JMENT #)	
_	(CORPORATE MAMILAND DOCU	INAUNIT 4)	
	(CORPORATE NAME AND DOCU	JMENI#)	
-	(CORPORATE NAME AND DOCU	JMENT #)	
_	(CORPORATE NAME AND DOCU	MENT #)	
	(CORPORATE NAME AND DOCU	(MENT #)	
_	(CORPORATE NAME AND DOCU	MENT #)	

COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: Lake P	ointe SNF Operations LLC		
		Limited Liability Compan	y
	eles of Conversion and f Company" into an "Otho		
Please return all co	orrespondence concernir	ng this matter to:	
Jennifer Hardy			
	Contact Person		
Ulmer & Berne LLP			
	Firm/Company		
1660 W 2nd Street Su			
Cleveland, Ohio 4411	Address 3		
	City, State and Zip Code	 	
jhardy@ulmer.com			
	to be used for future annual	report notification)	
For further informa	ation concerning this ma	atter, please call:	
Jennifer Hardy		at (216) 583-	-7402
Name of Contact	Name of Contact Person		time Telephone Number
Enclosed is a check	k for the following amou	unt	
■ \$25.00 Filing Fee	S30.00 Filing Fee and Certificate of Status	☐\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E106 (05/17)

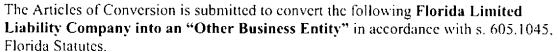
Articles of Conversion

For

Florida Limited Liability Company

Into

"Converted or Other Business Entity"



1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:					
Lake Pointe SNF Operations LLC					
Enter Name of Florida Limited Liability Company					
2. The name of the "Converted or Other Business Entity" is:					
Lake Pointe SNF Operations LLC					
Enter Name of "Converted or Other Business Entity"					
3. The "Converted or Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)					
organized, formed or incorporated under the laws of Delaware (Enter state, or if a non-U.S. entity, the name of the country) The formation document is attached (if applicable).					
 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S. 5. This conversion shall be effective in Florida on: 					
(The effective date: 1) cannot be prior to 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 of the conversion under the laws governing the "Other Business Entity.")					
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date					

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. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	1209 Orange Street			
	Wilmington Delaware 19801			
Mailing Address:	1209 Orange Street			
Ç	Wilmington Delaware 19801			
	he amount to which su	ty" has agreed to pay any membe ch members are entitled under ss		
Signed this 6th	day of	uary	. 20	
Signature: /s/ Daniel C		a Member or Authorized Representative		
	el Gottesman	Title: Authorized Representative		
Fees: Filing Fee: Certified Cop Certificate of	• •	00 00 (Optional) 1 (Optional)		

Page 2 of 2