

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

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	te: 1/13/2020
	Acc#I20160000072
Name:	LAP OF LOVE, INC. (LAP OF LOVE VETERINARY HOSPICE OF FL LLC
Document #:	
Order #:	12548962 -1
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Apostille/Notarial Certification:	Country of Destination:
Certification,	Number of Certs:
Filing: 🗸	Certified: ✓ Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 180.00

Thank you!

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: Lap of Love, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation POG - O (CO) (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 08/21/2009
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Lap of Love Veterinary Hospice FL 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.
SECRE AN L

•				
Signed this 10 day of January	20_20			
Signature of Authorized Representative of Limite	d Clability Company:			
Signature of Authorized Representative: Printed Name: Dani McVety	Title: Authorized Representative			
Signature(s) on behalf of Other Rusiness Entity: [S	ee below for required signature(s)			
Signature:	Title: President			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	_Title:			
Signature:Printed Name:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.	Officer. orporator must sign.			
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	v Limited Partnership:	SECRE TALL	non JAN	<u></u>
All others: Signature of an authorized person.		NASS AHASS	$\overline{\omega}$	Company Company
Fees:		MAT Mo	AM 7:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	L.E.	7: 20	_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Lap of Love Veterinary Hospice FL LLC (Must contain the words "Limited Liability	Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the printer.	ncipal offic	e of the Limited	Liability Company is:
Principal Office Address:	Mailing A	Address:	
17804 N. US Hwy 41 Lutz, FL 33549	17804 N Lutz, FL	US Hwy 41 33549	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, &	Registered Ages u must designate an in	nt's Signature: idividual or another
The name and the Florida street address of the re	egistered ag	gent are:	
Dani McVety			
Name			
17804 N US HWY 41			
Florida street address (P.O.	Box NOT	acceptable)	
Lutz.	FL	33549	
City		Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign	this certific ity. I furthe weformance	cate, I hereby acc r agree to comply r of my duties, an	ept the appointment as y with the provisions of all d I am familiar with and
(CONTIN	UED)		7:2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-