

L21000053244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

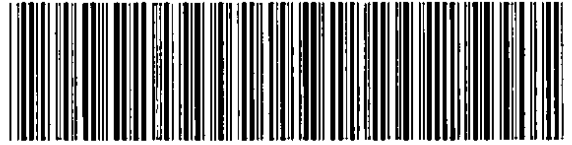
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100381747011

Conversion

FILED  
2022 JUN 15 AM 10:33

RECEIVED  
2022 JUN 15 PM 2:24  
TALLAHASSEE, FL

A. RAMSEY  
JUN 16 2022

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 6/15/2022

**\*\*WALK IN\*\***

ENTITY NAME ALSA CARE SOLUTIONS LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25

ACCOUNT # 120160000072

*en: 12-11*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

FILED

2022 JUN 15 AM 10:33

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"Converted or Other Business Entity"**

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

ALSA CARE SOLUTIONS LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

ALSA CARE SOLUTIONS 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 Texas  
(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: upon filing  
(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 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":

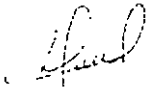
a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 255 ALHAMBRA CIRCLE, SUITE 500  
CORAL GABLES, FL 33134

Mailing Address: 255 ALHAMBRA CIRCLE, SUITE 500  
CORAL GABLES, FL 33134

7. 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 15th day of June, 2022

Signature:   
Must be signed by a Member or Authorized Representative

Printed Name: Carlos M Alvarez Title: Attorney-in-Fact

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)



## Office of the Secretary of State

### CERTIFICATE OF CONVERSION

The undersigned, as Secretary of State of Texas, hereby certifies that a filing instrument for

ALSA CARE SOLUTIONS LLC

File Number: [Entity not of Record, Filing Number Not Available]

Converting it to

ALSA CARE SOLUTIONS LLC

File Number: 804605953

has been received in this office and has been found to conform to law. ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the acceptance and filing of the conversion on the date shown below.

Dated: 06/02/2022

Effective: 06/02/2022



A handwritten signature of John B. Scott in black ink.

John B. Scott  
Secretary of State

Certificate of Conversion  
of  
ALSA CARE SOLUTIONS LLC, a Florida Limited Liability Company,  
To ALSA CARE SOLUTIONS LLC a Texas Limited Liability Company.

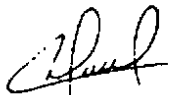
This Certificate of Conversion is being duly executed and filed by the undersigned to convert ALSA CARE SOLUTIONS LLC, a Florida Limited Liability Company (the "Converting Entity"), to ALSA CARE SOLUTIONS LLC, a Texas Limited Liability Company (the "Converted Entity"), under the Texas Business Organizations Code (as amended, the "TBOC").

1. The name of the Converting Entity immediately prior to the filing of this Certificate of Conversion is ALSA CARE SOLUTIONS LLC. The Converting Entity is a limited liability company formed under the laws of the State of Florida.
2. The name of the Converted Entity into which the Converting Entity is to be converted is ALSA CARE SOLUTIONS LLC. The Converted Entity will be a limited liability company formed under the laws of the State of Texas on the date hereof.
3. A signed plan of conversion is on file at the principal place of business of the Converting Entity, and the address of the principal place of business of the Converting Entity is 255 ALHAMBRA CIRCLE, SUITE 500, CORAL GABLES, FL 33134.
4. A signed plan of conversion will be on file after the conversion at the principal place of business of the Converted Entity, and the address of the principal place of business of the Converted Entity is 255 ALHAMBRA CIRCLE, SUITE 500, CORAL GABLES, FL 33134.
5. A copy of the plan of conversion will be furnished upon written request without cost by the Converting Entity before the conversion or by the Converted Entity after the conversion to any owner or member of the Converting Entity or the Converted Entity.
6. The plan of conversion has been approved as required by the laws of the State of Florida and the governing documents of the Converting Entity.
7. The conversion shall be effective as of filing.
8. In lieu of providing a tax certificate, the Converted Entity is liable for the payment of any franchise taxes.
9. The Certificate of Formation of the Converted Entity is attached hereto as Exhibit A.

The undersigned Converting Entity has caused this Certificate of Conversion to be duly executed subject to the penalties imposed by law for the submission of materially false or fraudulent instruments. The undersigned certifies that the statements contained herein are true and correct, and that the undersigned is authorized under the provisions of the TBOC to execute the filing instrument.

Date: 06/02/2022

ALSA CARE SOLUTIONS LLC



By: Carlos M Alvarez, Special Manager

Exhibit A

Certificate of Formation of the Converted Entity

See attached.

**Form 205**  
**(Revised 12/21)**

Submit in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555

**Filing Fee: \$300**



This space reserved for office use.

## **Certificate of Formation** **Limited Liability Company**

### **Article 1 – Entity Name and Type**

The filing entity being formed is a limited liability company. The name of the entity is:

**ALSA CARE SOLUTIONS LLC**

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.

### **Article 2 – Registered Agent and Registered Office**

(See instructions. Select and complete either A or B and complete C.)

- ☒ A. The initial registered agent is an organization (cannot be entity named above) by the name of:

**Corporate Creations Network Inc.**

OR

- ☐ B. The initial registered agent is an individual resident of the state whose name is set forth below:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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C. The business address of the registered agent and the registered office address is:

<b>5444 Westheimer #1000</b>	<b>Houston</b>	<b>TX</b>	<b>77056</b>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

### **Article 3—Governing Authority**

(Select and complete either A or B and provide the name and address of each initial governing person.)

- ☐ A. The limited liability company initially has managers. The name and address of each initial manager are set forth below.
- ☒ B. The limited liability company does not initially have managers. The name and address of each initial member are set forth below.

#### **INITIAL GOVERNING PERSON 1**

**NAME** (Enter the name of either an individual or an organization, but not both.)

**IF INDIVIDUAL**

<b>Alejandro</b>	<b>Monroy Rodriguez</b>
<i>First Name</i>	<i>Last Name</i>

OR

**IF ORGANIZATION**

*Organization Name*

**ADDRESS**

<b>255 ALHAMBRA CIRCLE, SUITE 500</b>	<b>CORAL GABLES</b>	<b>FL</b>	<b>USA</b>	<b>33134</b>
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>



**INITIAL GOVERNING PERSON 2**

**NAME** (Enter the name of either an individual or an organization, but not both.)  
**IF INDIVIDUAL**

*First Name* *M.I.* *Last Name* *Suffix*

**OR**

**IF ORGANIZATION**

*Organization Name*

**ADDRESS**

*Street or Mailing Address* *City* *State* *Country* *Zip Code*

**INITIAL GOVERNING PERSON 3**

**NAME** (Enter the name of either an individual or an organization, but not both.)  
**IF INDIVIDUAL**

*First Name* *M.I.* *Last Name* *Suffix*

**OR**

**IF ORGANIZATION**

*Organization Name*

**ADDRESS**

*Street or Mailing Address* *City* *State* *Country* *Zip Code*

**Article 4 – Purpose**

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

**Initial Mailing Address**

(Provide the mailing address to which state franchise tax correspondence should be sent.)

255 ALHAMBRA CIRCLE, SUITE 500 CORAL GABLES FL 33134 USA

*Mailing Address* *City* *State* *Zip Code* *Country*

**Supplemental Provisions/Information**

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

The entity is formed under a plan of conversion in accordance with BOC § 3.005(7).. The name of the Converting Entity immediately prior to the filing of this Certificate of Conversion is ALSA CARE SOLUTIONS LLC. The Converting Entity is a limited liability company formed under the laws of the State of Florida. It's address prior to conversion was 255 ALHAMBRA CIRCLE, SUITE 500, CORAL GABLES, FL 33134. Date of formation in Florida was 02/10/2021.

## Organizer

The name and address of the organizer:

Computershare Governance Services Inc.

*Name*

801 US Highway 1

*Street or Mailing Address*

North Palm Beach

*City*

FL 33408

*State Zip Code*

### Effectiveness of Filing (Select either A, B, or C.)

A. ☒ This document becomes effective when the document is filed by the secretary of state.

B. ☐ This document becomes effective at a later date, or a later date and time, not more than 90 days from the date of signing. The later effective date, or date and time is: \_\_\_\_\_

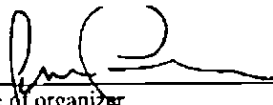
C. ☐ This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below:

## Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned also affirms that, to the best knowledge of the undersigned, the name provided as the name of the filing entity does not falsely imply an affiliation with a governmental entity. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: 06/02/2022



Signature of organizer

Computershare Governance Services Inc. - Organizer

by: Jenisa Irizarry, Special Secretary

Printed or typed name of organizer