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(Requestor's Name)
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D	ate:	07/12/2021	
		Acc#I20160000072	a: DW
Name:	Venice Ref	nab, Inc.	
Document #:			
Order #:	13783566		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Availability Document Examiner Updater Verifier W.P. Verifier	Certified: Plain: COGS: Amount:		
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Thank you!

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 Venice Rehab, Inc.	r prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busines	
2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited par	7950006 32190
First organized, formed or incorporated under the laws of	Florida i Enter state, or if a non-U.S. entity, the name of the country)
April 24, 1995	since states of it a non-old, entity, the mains of the country,
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company a	is set forth in the attached Articles of Organization:
Venice Rehab, LLC	
(Enter Name of Florida Limited Liabili	ty Company)
4. If not effective on the date of filing, enter the effective	
(The effective date: Cannot be prior to date of receipt the date this document is filed by the Florida Departm	nent of State.)
<u>Note:</u> If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in accordan	ce 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 12th day of July	20_21
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: <i><u>Jeanne Utte</u></i> Printed Name: <u>Jeanne Utterback</u>	Jeanne Utterbackon (
Signature(s) on behalf of Other Business Entity: [
Signature: Jeanne Utterback Jeanne Utterback	Digitary agencially Learner University (M) (Ch. + Jacons University and + accommission of the Jacons C + AD (Agency 2021 BT + 6 DZ 23 36 - 64 DZ)
Printed Name: Jeanne Utterback	Title: President and Director
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Venice Rehab, L			
	(Must contain the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II -			
The mailing add	Iress and street address of the	e principal office of the Limited L	iability Company is:
Principal Offic	e Address:	Mailing Address:	
2203 Tamiami Tr	rial	2203 Tamiami Trial	
Venice, FL 3429	3	Venice, FL 34293	
Venice, FL 3429:	- Registered Agent, Registe	ered Office, & Registered Agent	's Signature:
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Registery Company cannot serve as its own R an active Florida registration.) he Florida street address of t	ered Office, & Registered Agent egistered Agent. You must designate an indiv	cidual or another
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Registery Company cannot serve as its own R an active Florida registration.) he Florida street address of t	ered Office, & Registered Agent egistered Agent. You must designate an indiv	cidual or another
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Registery Company cannot serve as its own R an active Florida registration.) he Florida street address of t	ered Office, & Registered Agent egistered Agent. You must designate an individue registered agent are:	SECRETARY SECRET
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Register by Company cannot serve as its own R an active Florida registration.) he Florida street address of t C T Corporation System N 1200 South Pine Island Re	ered Office, & Registered Agent egistered Agent. You must designate an individue registered agent are:	SECRETARY SECRET
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Register by Company cannot serve as its own R an active Florida registration.) he Florida street address of t C T Corporation System N 1200 South Pine Island Re	ered Office, & Registered Agent egistered Agent. You must designate an individue registered agent are:	SECRETARY OF TALLARYS SHI

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..

Laura & Broderick
Registered Agent's Signature (REQUIRED)

Laura Broderick, Assistant Secretary

(CONTINUED)

Δ	R	ΤI	C	L.F.	IV_{-}

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jeanne Utterback
	2203 Tamiami Trial
	Venice, FL 34293
(Use attachment if necessary) CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance v	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the nent to the Department of State constitutes a third degree felor
This document is executed in accordance vany false information submitted in a docume as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that to the Department of State constitutes a third degree felor
This document is executed in accordance vany false information submitted in a document as provided for in s.817.155, F.S. /s/ Jeanne Utterback	with section 605.0203 (1) (b), Florida Statutes. I am aware tha

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)