L22000130665

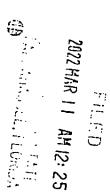
(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
OA)	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Pı	siness Entity Nan	
ud)	isiness chuly Nan	ne)
(Do	ocument Number)	_
Certified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer:	
1		
1		





300383258893

03/11/22---01005--023 **150.00



COVER LETTER

TO: New Filing Section Division of Corpo						
SUBJECT: WeCare tlc, L	LC					
30D3LC1	(Name of Res	ulting Florida Limit	ed Com	ipany)		_
The enclosed Articles of G Business Entity" into a "F						
Please return all correspon	ndence concerning	g this matter to:				
John Wright						
(C	ontact Person)		•		į	9
WeCare tlc, LLC						2022
(Fi	irm/Company)	.	•			3
999 Douglas Avenue, Suite	1119					
	(Address)		-			
Altamonte Springs, Florida	32714				Ý	2022 MAR 11 AM 12: 25
(City, S	State and Zip Code)		=		•	2: 2 Chris
John.Wright@wecaretlc.com	n				÷	3 · · · · · · · ·
E-mail Address: (to be use	d for future annual re	port notifications)	•			
For further information co	oncerning this ma	tter, please call:				
John Wright		_at (<u>407</u>	562-1	1212 ext. 978 time Telephone Nun		
(Name of Contact Per	rson)	(Area Code)	(Day	time Telephone Nun	nber)	_
Enclosed is a check for th dollars and drawn on a ba	_	•	rocess	ed by this office	must	be payable in US
	155.00 Filing Fees Certificate of ius	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing I Certified Copy, an Certificate of Statu	d	
Mailing Address: New Filing Section Division of Corpon P.O. Box 6327 Tallahassee, FL 32	n rations		New I Divisi The C	Address: Filing Section on of Corporation entre of Tallahas N. Monroe Street	see	te 810

Tallahassee, FL 32303

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 prior to the filing of the Articles of Conversion is: WeCare tlc, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
June 6, 2005 on .
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:
WeCare tic, 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.)
<u>Note:</u> 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.

Mo760082696



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
WeCare tic, LLC				_	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limit	ted Li	iability C	lomp	any is:
Principal Office Address:	Mailing Address:				
999 Douglas Avenue, Suite 1119 999 Douglas A		ite <u>11</u>	19	_	
Altamonte Springs, Florida 32714 Altamonte Springs, Flor		la 327	14	•	
				•	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. John Wright	ered Agent. You must designate a				
Name			ייייידי' זיר חשה ביייידי אבי פבלי ב		FIL ED
999 Douglas Avenue, Suite 1119		:	i i	A	.71
Florida street address (P.O.	Box NOT acceptable)	÷.	THE COMP	12	_
Altamonte Springs	FL 32714	-		AM 12: 25	
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 p accept the obligations of my position as reg	this certificate, I hereby a ty. I further agree to com erformance of my duties, istered agent as provided	iccept ply w and I	the appoint the principle am familiant the contraction of the contract	ointm rovisi liar w	ent as ions of all vith and

(CONTINUED)