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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

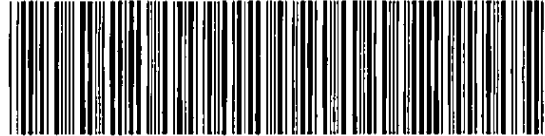
(Document Number)

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Certificates of Status \_\_\_\_\_

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2022 DEC 15 PM 2:30

2022 DEC 16 PM 2:30

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** AVIAN HOME HEALTH LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

JUAN SANTAELLA

(Contact Person)

PASAN ACCOUNTANTS

(Firm/Company)

2310 W WATERS AVE ST D

(Address)

TAMPA FLORIDA 33604

(City, State and Zip Code)

jsantaella@pasan-services.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

JUAN SANTAELLA at ( 813 ) 849-2878  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input type="checkbox"/> \$150.00 Filing Fees ( \$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 AVIAN HOME HEALTH CORP. 2.) The "Other Business Entity" is a CORPORATION First organized, formed, or incorporated under the laws of FLORIDA on JAN 1, 2014. 3.) The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: AVIAN HOME HEALTH LLC 4.) This conversion is effective immediately by the filing date. 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.

Signed this 12<sup>th</sup> day of December 2022

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:

Printed Name:

Title:

DocuSigned by:

*Ben Wallace*

8857BE9EBAF14CA ..

Benjamin Wallace

Manager

**Signature(s) on behalf of Other Business Entity:**

Signature:

Printed Name:

Title:

DocuSigned by:

*Orlando Perez*

C0EA9158340A410 ..

Orlando Perez

President

2022 Nov 13 3:11:14 PM EST

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is AVIAN HOME HEALTH LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

7117 N Armenia Avenue, Tampa FL 33604

7117 N Armenia Avenue, Tampa FL 33604

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Name:**

AVIAN HOME HEALTH LLC BEN WALLACE

**Florida street address:**

7117 N Armenia Avenue, Tampa FL 33604

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..

Registered Agent's Signature:

DocuSigned by:  
Ben Wallace  
6857BE9EBAF14CA

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

**Title:**

**Name:**

**Address:**

MGR

Benjamin Wallace

7117 N Armenia Avenue, Tampa FL 33604

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed Name of signee:

Benjamin Wallace

SIGNATURE:

DocuSigned by:  
Ben Wallace  
6857BE9EBAF14CA ..