

L23 dev 229428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

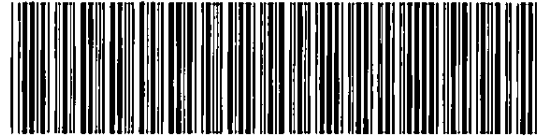
(Document Number)

Certified Copies \_\_\_\_\_

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Office Use Only



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KC S/CO

2023 JUN 14 2:48 PM 2023 FRI --9 P11 3:32



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 729883 4332313  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 180.00

ORDER DATE : May 9, 2023  
ORDER TIME : 2:52 PM  
ORDER NO. : 729883-005  
CUSTOMER NO: 4332313

DOMESTIC AMENDMENT FILING

NAME: THE LIGHT HOME CARE, INC.

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION AND INCORPORATION  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** THE LIGHT HOME CARE 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:

Shaun Fleming  
(Contact Person)  
Buchanan Ingersoll & Rooney PC  
(Firm/Company)  
501 Grant St., Suite 200  
(Address)  
Pittsburgh, PA 15219  
(City, State and Zip Code)  
vhg000@yahoo.com  
E-mail Address (to be used for future annual report notifications)

For further information concerning this matter, please call:

Shaun Fleming at ( 412 ) 562-1588  
(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)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS11 (7/17)

**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:  
The Light Home Care, Inc

(Enter Name of Other Business Entity)

2. The “Other Business Entity” is a corporation  
(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 12/26/1994  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

The Light Home Care 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.

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Signed this 5th day of May 20 23

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

Signature of Authorized Representative: VAHAN GUREGHIAN  
Printed Name: Vahan Gureghian Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: VAHAN GUREGHIAN  
Printed Name: Vahan Gureghian Title: President

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees.**

Articles of Conversion:	\$25 00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5 00 (Optional)

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE LIGHT HOME CARE LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "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:**

175 Fontainebleau Blvd  
2L-1  
Miami, FL 33172

175 Fontainebleau Blvd  
2L-1  
Miami, FL 33172

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee City FL 32301 Zip

*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.*

By Corporation Service Comp  
  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Vahan H Gureghian

101 Casa Bendita

Palm Beach, FL 33480

MGR

Kenneth R. Schuster

334 West Front Street

Media, PA 19063

MGR

Brian T Butler

4366 Hazel Ave , Apt A

Palm Beach Gardens, FL 33410

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

DocuSigned by  
**VAHAN GUREGHIAN**

832AF1F3D7DF4C1  
**Signature of a member or an authorized representative of a member**

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

Vahan Gureghian, Manager of GSB Home Healthcare-Miami-Dade LLC, Sole Member of The Light Home Care, LLC      Typed or printed name of signee

**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)**