

# L240000471045

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

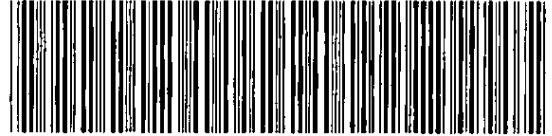
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/11/24--01013--019 \*\*155.00

2024 SEP 11 AM 9:06  
Filing Office  
Tulsa, Oklahoma

## COVER LETTER

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

**SUBJECT:** Isaac I-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:

Christine Eshak

(Contact Person)

(Firm/Company)

511 W Cleveland St #S222

(Address)

Tampa, FL 33606

(City, State and Zip Code)

chreshak@gmail.com

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

For further information concerning this matter, please call:

Christine Eshak

at (219) 484-5881

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

**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:  
Isaac I-Care, LLC; DBA: The Region's Vision Center

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Indiana  
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/12/2023  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Isaac I-Care, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 09/06/2024  
(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.

2024 SEP 1 AM 9:06  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN FLORIDA  
TALLAHASSEE, FLORIDA

Signed this 09th day of September 2024 2024.

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

Signature of Authorized Representative: Christine Eshak  
Printed Name: Christine Eshak Title: Dr.

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

Signature: Christine Eshak  
Printed Name: Christine Eshak Title: Dr.

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)

2024 SEP 11 AM 9:06

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Isaac I-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:

511 W Cleveland St

#S222

Tampa, FL 33606

### Mailing Address:

511 W Cleveland St

#S222

Tampa, FL 33606

## 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:

Christine Eshak

Name

511 W Cleveland St #s222

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

Tampa

FL 33606

City

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..*

Christine Eshak

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 SEP 11 AM 9:06  
NOTARY PUBLIC  
FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR & MGR

**Name and Address:**

Christine Eshak  
511 W Cleveland St #5222  
Tampa, FL 33606

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(Use attachment if necessary)

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TAMPA  
FLORIDA

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

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

**REQUIRED SIGNATURE:**

Christine Eshak

**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.

Christine Eshak

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)**

## Plan of Domestication

1. LLC information
  - a. Isaac I-Care, LLC
  - b. State of formation: Indiana
  - c. New state of formation: Florida
2. Statement of Intent
  - a. The members of Isaac I-Care hereby approve the domestication of the LLC from the State of Indiana to the State of Florida in accordance with the applicable laws of both states.
  - b. Reason: To relocate operations
3. Effective Date: 09/06/2024
4. LLC's Articles and Operating Agreement
  - a. I acknowledge that after the domestication, the LLC will be governed by the laws of Florida.
  - b. Current operating agreement will remain in effect.
5. Transfer of Ownership: No changes will be made.
6. Assets, Liabilities, and Contracts: All assets, liabilities, obligations, and contracts of Isaac I-Care, LLC will remain in full force and effect following the domestication.
7. Tax Reporting: The LLC will file any required final tax returns with the State of Indiana and will register for applicable tax obligations in the State of Florida.
8. Filing: Articles of Domestication will be filed with Florida along with any required certifications or additional documents.
9. Member Approval: This Plan of Domestication was approved by the unanimous consent of the members of Isaac I-Care, LLC on 09/06/2024.

IN WITNESS WHEREOF, the undersigned members of Isaac I-Care, a Limited Liability Company, have executed this Plan of Domestication as of 09/06/2024.

*Christine Eshak*

, Managing Member

2024 SEP 11 AM 9:06  
FILED  
CLERK OF DISTRICT COURT  
JANUARY COUNTY  
FLORIDA