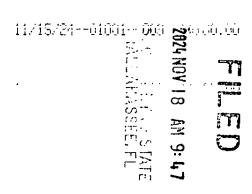
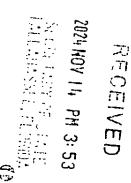


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:













1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

Office Use Only

FOCUSED HOM	ATION NAME(S) & DOCUMENT NUI	OCUMENT #) POLICIA DE LA COMENT #) POLICIA DE LA COMENT #) POLICIA DE LA COMENT #)
(CORPORATE NAME)	(DC	DCUMENT#)
(CORPORATE NAME)	(DC	DCUMENT #)
3. (CORPORATE NAME)	ick up time: Certified Copy	OCUMENT #) Certificate Of Status
New Filings Profit	Amendments	Other Filings Annual Report
Non-Profit	Resignation	Fictitious Name
Limited Liability Other:	Dissolution/Withdrawal Other:	Apostille:
		Other: CONVERSION

Examiners Initials

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:

FOCUSED HOME HEALTH AGENCY, INC	20
(Enter Name of Other Business Entity)	74 A
2. The "Other Business Entity" is a	9 7
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	on lawfor business trusts etc.
First organized, formed or incorporated under the laws of	in P
March 5, 2019	name or the zountry)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti FOCUSED HOME HEALTH AGENCY LLC	cles of Organization:
(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 9 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 dat document's effective date on the Department of State's records.	e will not be listed as the
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.

\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E HEALTH AGENCY LLC	all of the state o
(Must contain the words "Limited Lia	nility Company, "L.L.C.," or "LLC.")
ARTICLE II - A		
The mailing add	ress and street address of the	principal office of the Limited Liability Company
Principal Office	e Address:	Mailing Address:
3475 Sheridan St	reet, Suite 205	3475 Sheridan Street, Suite 205
Hollywood, FL 33	021	Hollywood, FL 33021
ARTICLE III -	Registered Agent, Registe	red Office, & Registered Agent's Signature:
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registe y Company cannot serve as its own Ro an active Florida registration.) ne Florida street address of th	red Office, & Registered Agent's Signature:
(The Limited Liability business entity with	Registered Agent, Registe y Company cannot serve as its own Re an active Florida registration.) ne Florida street address of the Melissa Faso	red Office, & Registered Agent's Signature:
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registe y Company cannot serve as its own Re an active Florida registration.) ne Florida street address of the Melissa Faso	red Office, & Registered Agent's Signature: Popisitered Agent. You must designate an individual or another the registered agent are: Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another you must designate and you must designate and you must designate an individual or another you must designate and you will be
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registe y Company cannot serve as its own Re an active Florida registration.) ne Florida street address of the Melissa Faso No. 3475 Sheridan Street, Suit	red Office, & Registered Agent's Signature: Popisitered Agent. You must designate an individual or another the registered agent are: Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another Popisitered Agent. You must designate an individual or another you must designate and you must designate and you must designate an individual or another you must designate and you will be
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registe y Company cannot serve as its own Re an active Florida registration.) ne Florida street address of the Melissa Faso No. 3475 Sheridan Street, Suit	red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another registered agent are: 176 99 177 177 177 177 177 177 177 177 177

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.,

Register 088876203385476 ignature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Melissa Faso
	3475 Sheridan Street, Suite 205
	Hollywood, FL 33021

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LE V: Other provisions, if any.	Signed by:
LE V: Other provisions, if any.	Signed by: USB87640338E476
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	OBBB764033BE476 or an authorized representative of a member
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant.	or an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes, I am aware that
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant.	OBBB764033BE476 or an authorized representative of a member

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Filing Fees