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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Robert to GAVE
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CORRECT #5
DATE 6/11/10
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JUN -9 AM 10:11
TALLAHASSEE, FLORIDA

N. O'Connell JUN 11 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUEVO HORIZONTE ASSISTED LIVING FACILITY, INC.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

ROBERTO CABRERA

Contact Person

NUEVO HORIZONTE ASSISTED LIVING FACILITY

Firm/Company

8111 N. OLA AVE W

Address

TAMPA, FL., 33604

City, State and Zip Code

JRUNITEDHANDS@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO CABRERA

Name of Contact Person

at (813)

817-1379

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☒ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

10 JUN -9 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

NUEVO HORIZONTE ASSISTED LIVING FACILITY, LLC. 609-21383

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, 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 03/04/2009
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

NUEVO HORIZONTE ASSISTED LIVING FACILITY, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 7/1/10
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2)** must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 17 day of MAY, 20 10.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: ROBERTO CABRERA Title: PRESIDENT

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

Signature: [Signature]

Printed Name: NEISY MUNOZ Title: MGRM

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$ 8.75 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

ARTICLES OF INCORPORATION

In compliance with Chapter 607, F.S.

ARTICLE I NAME

The name of the corporation shall be: **NUEVO HORIZONTE ASSISTED LIVING FACILITY, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
8111 N. OLA AVE W , TAMPA, Florida 33604.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000. The par value of each share of stock is \$10.

ARTICLE V OFFICERS/DIRECTORS

The initial directors of the corporation are:

ROBERTO CABRERA PRESIDENT 8006 W POCAHONTAS AVE TAMPA FL 33615
JOSE O OSORIO VICE PRESIDENT 6906 SHADY PLACE TAMPA FL 33634

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is: **J & R UNITED HANDS SERVICES CORP, 5521 AMBASSADOR DRIVE , TAMPA, Florida 33615.** Located in the County of **HILLSBOROUGH.**

ARTICLE VII INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation **ROBERTO CABRERA , 8006 W POCAHONTAS AVE, TAMPA, Florida 33615.**

I hereby accept the appointment as registered agent and agree to act in this capacity.

Signature: [Signature]
J & R UNITED HANDS SERVICES CORP

Date 05-17-10

Signature: [Signature]
ROBERTO CABRERA Incorporator

Date 05-17-10

The document was prepared by: **NUEVO HORIZONTE ASSISTED LIVING FACILITY, INC., 8111 N. OLA AVE W , TAMPA, Florida 33604. 813-8171379**

FILED
10 JUN -9 AM 10:12
CLERK OF STATE
TALLAHASSEE, FLORIDA