P1200004236

(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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12/26/12--01039--002 **105.00

SECRETARY OF STATE DIVISION OF EAST OF MILE 100

Ps 12/31/1

COVER LETTER

TO: Charter Section

Tallahassee, FL 32301

Division of Corporations

SUBJECT: Loving Care of Saint Petersburg CORP

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:

Adrian Goe	ett		
	Contact Person		
	Firm/Company		
5833 Coral	Way		
	Address		
Miami FL 3	2155	: '-	
		<u> </u>	
, C	City; State and Zip Code	I to	
mail@adria			
E-mail address: (to	be used for future annual r	eport notification)	
For further informati	on concerning this ma	tter, please call:	
Adrian Goe	ett	at (305	216-3084
Name of Cor	tact Person		Daytime Telephone Number
Enclosed is a check t	for the following amou	int:	
■ \$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing I and Certified Copy	
STREET ADDRES	<u>S:</u>	MAILE	NG ADDRESS:
Charter Section	•	Charter	
Division of Corporat	ions		n of Corporations
Clifton Building		P. O. Box 6327	
2661 Executive Center Circle		Tallahassee, FL 32314	

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED
SECREPARY OF STATE
DIVISION OF CORPORATIONS

DEC 26 PM 12: 36

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:

Loving Care of Saint Petersburg LLC
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)
December 13 2012
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:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> <u>Incorporation:</u>
Loving Care of Saint Petersburg Corp
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (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; <u>AND</u> 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 December	, 20 <u>1</u>	E SECRETAR	ED Y BY STATE
Required Signature for Florida Profit Corporat			
Required Signature for Florida 1 rollt Corporat	1011:	舵 DEC 26	PM 12: 36
Signature of Chairman, Vice Chairman, Director been selected, an Incorporator:	u .	s or Officers have	not
Printed Name: Gaston Siroit Title:	Officer		
Required Signature(s) on behalf of Other Business signature(s).]			
Signature:			
Printed Name: Gaston Siroit	_ Title: MGRM		
Signature: Muiorow		- 	
Printed Name: Mayra Puigrau	_ Title: MGRM		
Simotor			
Signature:Printed Name:	Title:		
Timed (varies)			
Signature:			
Signature: Printed Name:	Title:		
C'			
Signature: Printed Name:	Title		
Timed Nume.			
Signature:			
Printed Name:	Title:		
If Florida General Partnership or Limited Liabili	y Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabilit	<u>y Limited Partnershi</u>	<u>p:</u>	
Signatures of <u>ALL</u> General Partners.			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative			
Signature of a Member of 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 and/or Chapter 621, F.S. (Profit)

FILED SECREPARY OF STATE DIVISION OF CORPORATIONS

ARTICLE		
The princip	pal place of business/mailing address is:	NA 111 - 10 1100 - 1
1001 9 Stree	Principal street address	Mailing address, if different is:
Saint	Petersburg FL 33701	
	E III PURPOSE use for which the corporation is organized is: and all lawful business	
ARTICLE The number	E IV SHARES of stock is: 100	
ARTICLE	E V INITIAL OFFICERS AND/OR DIF	RECTORS
Name and	Title: Gaston Siroit P	Name and Title:
Address:	1001 9 street north	Address:
	Saint Petersburg Fl 33701	
Name and	Title: Mayra Puignau	Name and Title:
Address:	1001 9 street north	Address:
	Saint Petersburg FL 33701	
Name and	Title:	Name and Title:
Address:		Address:
ARTICLE	E VI REGISTERED AGENT	
The <u>name</u>	and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:
Name:	Gaston Siroit	
Address:	1001 9 Street North	
	Saint Petersburg FL 33701	

The <u>name and address</u> of the Incorporator is:		DIVISION OF CORPORATION
Name:	Gaston Siroit	₩ DEC 26 PM 12: 36
Address:	1001 9 street north	1.40.
	Saint Petersburg FL 33701	

	Loty in	12/18/12
	Required Signature/Registered Agent	Date
		nerein are true. I am aware that any false information tes a third degree felony as provided for in s.817.155, F.S.

Date

ARTICLE VII INCORPORATOR

Required Signature/Incorporator