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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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h 03/07/15

STEVEN R. KUTNER, P.A.

Telephone (407) 644-1104
Facsimile (407) 629-0090

Attorney at Law
LAKE FAITH PROFESSIONAL CENTER
260 Lookout Place, Suite 205
Post Office Box 948311
Maitland, Florida 32794-8311

February 26, 2015
By Express Mail

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: FLORIDA HOME MEDICAL SUPPLY, LLC CONVERSION
Our File No.: 13-0131

Dear Secretary:

Enclosed herewith please find conversion documents for the above, and our Check Number **9327** in the amount of \$113.75 representing the filing fee.

Please carry over the same tax ID number from Florida Home Medical Supply, LLC to Florida Home Medical Supply, Inc. That ID number is 59-2196558.

Thank you for your assistance in this matter.

Very truly yours,

Steven R. Kutner, P.A.



Steven R. Kutner, Esquire

SRK/

Enclosures

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Florida Home Medical Supply, 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:

Steven R. Kutner, Esquire

Contact Person

Steven R. Kutner, P.A.

Firm/Company

260 Lookout Place, Suite 205

Address

Maitland, Florida 32751

City, State and Zip Code

david.bruinsma@colonialmed.com

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

For further information concerning this matter, please call:

Steven Kutner at (407) 644-1104

Name of Contact Person

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:

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

MAILING ADDRESS:

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

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:

Florida Home Medical Supply, LLC (44-169326)

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 07/13/1982 ✓
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:

not applicable

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

Florida Home Medical Supply, Inc.

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; **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 26th day of February, 2015.

Required Signature for Florida Profit Corporation:

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

Printed Name: Betty Bruinsma Title: President

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

Signature: Betty Bruinsma
Printed Name: Betty Bruinsma Title: Member/Manager

Signature: David Bruinsma
Printed Name: David Bruinsma Title: Member/Manager

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)

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Florida Home Medical Supply, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address	Mailing address, if different is:
614 E. Altamonte Drive	
Altamonte Springs, FL 32714	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Any lawful purpose.

EIN 59-2196558

ARTICLE IV SHARES 1,000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>President: Betty Bruinsma</u>	Name and Title: _____
Address: <u>614 E. Altamonte Drive</u>	Address: _____
<u>Altamonte Springs, FL 32701</u>	_____

Name and Title: <u>CEO: David Bruinsma</u>	Name and Title: _____
Address: <u>614 E. Altamonte Drive</u>	Address: _____
<u>Altamonte Springs, FL 32701</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Betty Bruinsma
Address: 614 E. Altamonte Drive
Altamonte Springs, FL 32701

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

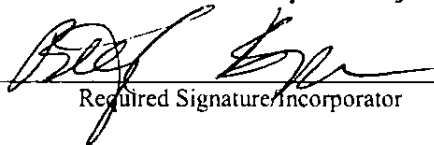
Name: Betty Bruinsma
Address: 614 E. Altamonte Drive
Altamonte Springs, FL 32701

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

2/26/15
Date

I submit this document and affirm that the facts stated herein are true. 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.


Required Signature/Incorporator

2/26/15
Date

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**FLORIDA HOME MEDICAL SUPPLY, LLC. CONVERSION TO
FLORIDA HOME MEDICAL SUPPLY, INC
PLAN OF CONVERSION**

THIS PLAN OF CONVERSION is adopted this 26th day of February, 2015, by **FLORIDA HOME MEDICAL SUPPLY, LLC**, a Florida limited liability company (the "Company").

I. PLAN OF CONVERSION

This Plan of Conversion sets forth the terms, conditions, and manner in which the Company, subject to the approval of its managers and members, will convert into Florida Home Medical Supply, Inc., a Florida corporation ("Corporation"). Corporation shall be the resulting entity following the conversion and shall be governed by the laws of the State of Florida, which state shall continue to be its domicile.

II. EFFECTIVE DATE

The conversion provided for in this Plan of Conversion shall become effective and the Company shall be deemed to have converted into the Corporation upon the execution and filing with the Florida Department of State of the Certificate of Conversion of the Company as required by the Florida Business Corporation Act. The date and time of the conversion of the Company is referred to herein as the "**Effective Date.**"

III. MANNER OF CONVERTING UNITS

Immediately prior to the conversion, the Company had authorized 100 membership units of which 100 membership units are issued and outstanding. The manner and basis of converting the outstanding membership units of the Company into percentage interests of the Corporation shall be as follows:

- (A) Membership Units of the Company. Upon the Effective Date, the issued and outstanding membership units of the Company will, by virtue of the conversion and without further action on the part of the holder thereof, be converted into an equal percentage of ownership of outstanding shares of stock in the Corporation.

IV. EFFECT OF THE CONVERSION

(A) Existence of the Company. On the Effective Date, the separate existence of the Company shall cease and all of the property, real, personal, and mixed, and all interest therein, of the Company and all debts due to the Company, shall be transferred to and vested in the Corporation without further act or deed and without reversion or impairment. The Corporation shall thenceforth be responsible and liable for all the liabilities and obligations of the Company.

(B) Articles of Incorporation. A copy of the Articles of Incorporation of the Corporation are attached hereto as Exhibit A.

(C) Bylaws. A copy of the Bylaws of the Corporation are attached hereto as Exhibit B.

(D) Expenses. The Corporation shall pay all expenses of carrying this Plan of Conversion into effect and of accomplishing the conversion.

IN WITNESS WHEREOF, the Company and the Corporation have caused its duly authorized officers, shareholders and members to execute this Plan of Conversion.

Witnesses:

St. R. Kt

Julia A. Kelley

**FLORIDA HOME MEDICAL SUPPLY,
INC.**

Betty Bruinsma
**Betty Bruinsma, President, Director
and Shareholder**

St. R. Kt

Julia A. Kelley

**FLORIDA HOME MEDICAL SUPPLY,
INC.**

David Bruinsma
David Bruinsma, CEO and Shareholder

St. R. Kt

Julia A. Kelley

**FLORIDA HOME MEDICAL SUPPLY,
LLC**

Betty Bruinsma
**Betty Bruinsma, Manager and
Member**

St. R. Kt

Julia A. Kelley

**FLORIDA HOME MEDICAL SUPPLY,
LLC**

David Bruinsma
David Bruinsma, Manager and Member