

P15000027114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

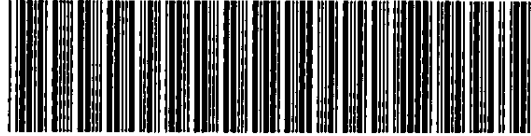
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-15944

Office Use Only



500270045355

02/09/15--01004--016 **35.00

500270045355
03/03/15--01023--009 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 18 PM 4:49

APPROVED
AND
FILED

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ADVANTAGE HOME CARE SERVICES, 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:

MICHAEL SURIN

Contact Person

ADVANTAGE HOME CARE SERVICES

Firm/Company

2404 NE 9TH STREET

Address

FORT LAUDERDALE, FL 33304

City, State and Zip Code

MSURIN@GMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL SURIN

Name of Contact Person

at (954) 263-5645

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



ADVANTAGE

Home Care Services

February 23, 2015

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

To whom it may concern:

In reference to letter #315A00003198, I am attaching the completed form for converting an "Other Business entity", in this case an LLC into a "Florida Profit Corporation". This is convert the following entity:

CURRENT: Advantage Home Care Services, LLC

Into the following Corporation:

NEW: Advantage Home Care Services, INC

The \$70.00 enclosed represents the outstanding balance from a previous amount of \$35.00 sent in on 2/10/2015

Again, this is in reference to letter #315A00003198

Feel free to call me with any questions or concerns. I can be reached at 954-263-5645 or 954-320-6768.

Regards,

Michael Surin
President
Advantage Home Care Services



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2015

MICHAEL SURIN
2404 NE 9TH STREET
FORT LAUDERDALE, FL 33304

SUBJECT: ADVANTAGE HOME CARE SERVICES, LLC
Ref. Number: L12000065045

We have received your document for ADVANTAGE HOME CARE SERVICES, LLC and check(s) totaling \$35.00 of which \$35.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$70.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

If you are trying to covert your LLC into a Corporation you have submitted the wrong type of form, proper forms are enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 315A00003198



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2015

MICHAEL SURIN
2404 NE 9TH STREET
FORT LAUDERDALE, FL 33304

SUBJECT: ADVANCE HOME CARE SERVICES LLC
Ref. Number: W15000015944

We have received your document for ADVANCE HOME CARE SERVICES LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 115A00004573

APPROVED
AND
FILED

15 MAR 18 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ADVANTAGE HOME CARE SERVICES LLC L12-65045

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 MAY 14, 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 **attached Articles of Incorporation:**

ADVANTAGE HOME CARE SERVICES, 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 23 day of FEBRUARY, 2015.

APPROVED
AND
FILED

15 MAR 18 PM 4:49

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have been selected, an Incorporator: [Signature]

Printed Name: MICHAEL SHARIN Title: PRESIDENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Signature: [Signature]

Printed Name: MICHAEL SHARIN Title: PRESIDENT

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 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ADVANTAGE HOME CARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
2404 NE 9TH STREET
FORT LAUDERDALE, FL 33304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME HEALTH CARE

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL SKIRIN PRESIDENT Name and Title: _____

Address: 1770 EAST LAS OLAS BLVD #203 Address: _____
FORT LAUDERDALE, FL 33301

Name and Title: JENNIFER PEARL Name and Title: _____

Address: 1040 SEMINOLE DRIVE #761 Address: _____
FORT LAUDERDALE, FL 33304

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: MICHAEL SKIRIN

Address: 1770 EAST LAS OLAS BLVD #203
FORT LAUDERDALE, FL 33301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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AND
FILED

15 MAR 18 PM 4:49


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

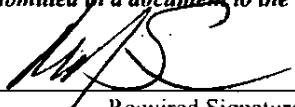
Name: MICHAEL SPAIN
Address: 1770 EAST LAS OLAS BLVD #203
FORT LAUDERDALE, FL 33301

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

2/23/15
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

2/23/15
Date