

P20000027547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

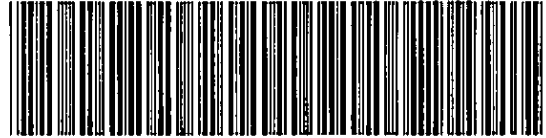
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

K. PAGE

APR 03 2020



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12/05/19--01022--018 \*\*113.15

FILED  
2020 APR - 1 AM 12:04  
SECTION 1  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2020

J WRIGHT  
9800 4TH STREET NORTH STE 200  
ST PETERSBURG, FL 33702

SUBJECT: TLC HARECARE LLC  
Ref. Number: W19000111261

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6052.

Keyna E Page  
Regulatory Specialist II

Letter Number: 320A00001612

2020 APR -1 PM 3:08  
RECEIVED  
GENERAL  
OFFICE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2019

J WRIGHT  
9800 4TH STREET NORTH STE 200  
ST PETERSBURG, FL 33702

SUBJECT: TLC HARECARE LLC  
Ref. Number: W19000111261

We have received your document for TLC HARECARE LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

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) 245-6052.

Keyna E Page  
Regulatory Specialist II

Letter Number: 819A00026291

RECEIVED  
2020 JAN 21 AM 8:12  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TLC Homemaker & Companion Services, LLC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

J. Wright

Contact Person

TLC Homemaker & Companion Services, LLC

Firm/Company

9800 4<sup>th</sup> Street North - Suite 200

Address

St. Petersburg, FL 33702

City, State and Zip Code

TLCHANDCLLC@GMAIL.COM

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

For further information concerning this matter, please call:

J. Wright

Name of Contact Person

at ( 727 ) 318-3461

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

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Conversion  
For  
Converting Eligible Entity  
Into  
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

TLC Homemaker & Companion Services, LLC (L17-202901)  
Enter Name of the Converting Entity

2. The converting 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 October 2, 2017  
Enter date "Converting Entity" was first organized, formed or incorporated.

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

TLC Homecare & Senior Services, Inc.  
Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: 1-3-2020

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

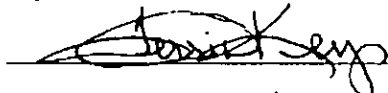
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**FILED**  
2020 APR -1 AM 12:04  
STATE OF FLORIDA  
TALLAHASSEE, FL

Signed this 1<sup>st</sup> day of April, 2020.

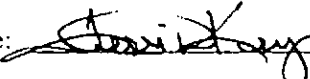
**Required Signature for Florida Profit Corporation:**

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

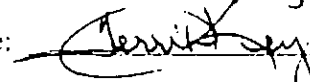


Printed Name: Terri D. Keys Title: President/CEO

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature: 

Printed Name: Terri D. Keys Title: President/CEO

Signature: 

Printed Name: Terri D. Keys Title: President/CEO

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:**

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

FILED  
2020 APR - 1 AM 12:04  
SEAL & CLERK  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: TLC Homecare & Senior Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

9800 4th Street North

Suite 200

St. Petersburg, FL 33702

1921 23rd Street South

St. Petersburg, FL 33712

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide high quality in home & community based care (medical & non-medical), homemaker & companion services to seniors and individuals with disabilities.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Terri D. Keys, President/CEO

Address: 9800 4th Street North-Suite 200  
St. Petersburg, FL 33702

Name and Title: LaToria W. McGuire, Manager

Address: 9800 4th Street North-Suite 200  
St. Petersburg, FL 33702

Name and Title: Wynne Parker Giles, Manager

Address: 9800 4th Street North-Suite 200  
St. Petersburg, FL 33702

Name and Title: Javonetae L. Wright, AR-Member

Address: 9800 4th Street North-Suite 200  
St. Petersburg, FL 33702

Name and Title: N/A

Address: \_\_\_\_\_

Name and Title: N/A

Address: \_\_\_\_\_

FILED  
2020 APR -1 AM 12:04  
CLERK OF DISTRICT COURT  
HILLSBOROUGH COUNTY, FL

**ARTICLE VI REGISTERED AGENT**


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

Name: Terri D Keys

Address: 9800 4th Street North Suite 200  
St. Petersburg, FL 33702

\*\*\*\*\*

*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

4.1.2020  
Date

**FILED**  
7070 APR - 1 AM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FL