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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

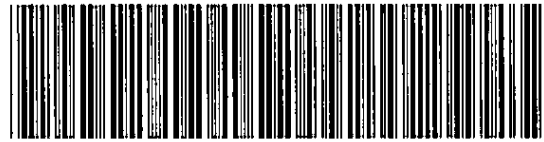
(Business Entity Name)

(Document Number)

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

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Office Use Only



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04/13/21--01015--023 \*\*105.00

2021 APR 13 PM 2:05  
CLERK ASSISTANT

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: **COMMUNITY CARE PROVIDERS, INC.**

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:

**Hugo A. Lara**

Contact Person

Firm/Company

**10031 PINES BLVD**

Address

**PENBROKE PINES, FL 33024**

City, State and Zip Code

**hlara75@hotmail.com**

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

For further information concerning this matter, please call:

**Hugo A. Lara** at ( **305** ) **877-4348**

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

2021 APR 13 PM 2:05

**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:

COMMUNITY CARE PROVIDERS, LLC. a Florida Limited Liability Company

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 12/08/2020

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**:

COMMUNITY CARE PROVIDERS, 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: \_\_\_\_\_.

**(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.


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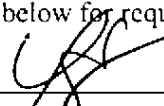
Signed this 08 day of April, 2021.

**Required Signature for Florida Profit Corporation:**

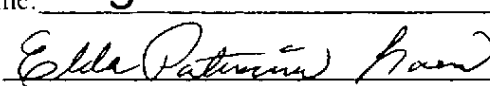
Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Signature:   
Printed Name: Hugo A. Lara Title: Managing Member

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

Signature: 

Printed Name: Hugo A Lara Title: MGR

Signature: 

Printed Name: Patricia Elda Lara Title: OWNR

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)

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FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE OF FLORIDA  
JACKSONVILLE

**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: COMMUNITY CARE PROVIDERS, INC.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

10031 PINES BLVD SUITE 105  
PEMBROKE PINES, FL 33024

10031 PINES BLVD SUITE 105  
PEMBROKE PINES, FL 33024

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Any and all legal purposes.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Hugo A. Lara

Address: 10031 PINES BLVD SUITE 105  
PEMBROKE PINES, FL 33024

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

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COMMUNITY CARE PROVIDERS, INC.

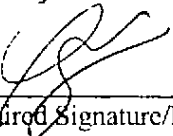
**ARTICLE VI REGISTERED AGENT**

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

Name: Hugo A. Lara  
Address: 10031 PINES BLVD SUITE 105  
PEMBROKE PINES, FL 33024

\*\*\*\*\*

*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

April 8, 2021  
Date

2021 APR 13 PM 2:05  
CLERK OF COURT  
CLERK OF COURT