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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

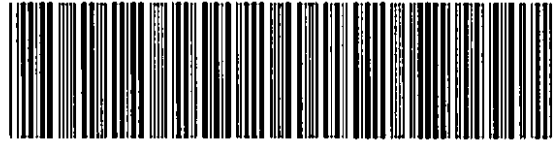
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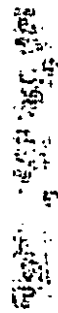
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SOMERSET COMMUNITY ASSISTED LIVING AND MEMORY CARE, Corp
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:

Babatola Durojaiye, Esq.
Contact Person

DUROJAIYE LAW FIRM, P.A.
Firm/Company

3632 Land O Lakes BLVD, 105
Address

Land O' Lakes, Florida 34639
City, State and Zip Code

bdurojaiye@durojaivelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Babatola Durojaiye at (813) 996-1895
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

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:

SOMERSET COMMUNITY ASSISTED LIVING AND MEMORY CARE, LLC.
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 MARCH 12, 2012
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**:

SOMERSET COMMUNITY ASSISTED LIVING AND MEMORY CARE, Corp.
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 20th day of September, 2021

Required Signature for Florida Profit Corporation:

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

Julius Ben-Acquaah

Printed Name: Julius Ben-Acquaah Title: Director

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

Signature: Julius Ben-Acquaah

Printed Name: Julius Ben-Acquaah Title: Member/Manager

Signature: Julius Ben-Acquaah

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:

Articles 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
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: SOMERSET COMMUNITY ASSISTED LIVING AND MEMORY CARE, Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
JULIUS BEN-ACQUAAH
34731 Chancey Road
Zephyrhills, FL 33541

Mailing address, if different is:
Same as street address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL PURPOSES

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RECEIVED
CLERK OF COURT
STATE OF FLORIDA
HILLSBORO COUNTY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: JULIUS BEN-ACQUAAH, President

Address: 34731 Chancey Road
Zephyrhills, FL 33541

Name and Title: JULIUS BEN-ACQUAAH, Treasurer

Address: 34731 Chancey Road
Zephyrhills, FL 33541

Name and Title: JULIUS BEN-ACQUAAH, DIRECTOR

Address: 34731 Chancey Road
Zephyrhills, FL 33541

Name and Title: JULIUS BEN-ACQUAAH, Secretary

Address: 34731 Chancey Road
Zephyrhills, FL 33541

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

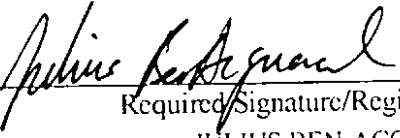
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JULIUS BEN-ACQUAAH

Address: 34731 Chancey Road

Zephyrhills, FL 33541

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
JULIUS BEN-ACQUAAH

9/20/2021
Date