

Pa22000065972

(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:

W22000100719

Office Use Only



800391522048

07/25/22--01024--004 **105.00

2022 AUG -3 PM 11:11
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2022

LERICHE F LOUIS
2100 NEBRASKA AVE STE 113
FORT PIERCE, FL 34950

SUBJECT: LFC FAMILY HOME HEALTH SOLUTIONS, INC
Ref. Number: W22000100719

We have received your document for LFC FAMILY HOME HEALTH SOLUTIONS, INC and your check(s) totaling \$105.00. 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.

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.

Karen Lovelace
Regulatory Specialist II

Letter Number: 222A00017352

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TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LFC FAMILY HOME HEALTH SOLUTIONS, 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:

LERICHE F LOUIS

Contact Person

Firm/Company

2100 NEBRASKA AVE SUITE 113

Address

FORT PIERCE, FL 34950

City, State and Zip Code

fami07203@yahoo.com

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

For further information concerning this matter, please call:

LERICHE F LOUIS at (786) 226-5872

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 Status and Certified Copy 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

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TALLAHASSEE, FL

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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:

LFC FAMILY HOME HEALTH SOLUTIONS, 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 12/06/2017

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:

LFC FAMILY HOME HEALTH SOLUTIONS, 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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TALLAHASSEE, FL

Signed this 16 day of AUGUST, 2022.

Required Signature for Florida Profit Corporation:

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

Louise F Leriche
Printed Name: LOUIS F LERICHE Title: CHAIRMAN

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

Signature: Louise F Leriche
Printed Name: LOUIS F LERICHE Title: GENERAL PARTNER

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:

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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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 LFC FAMILY HOME HEALTH SOLUTIONS, INC
The name of the corporation shall be: _____

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

Principal street address
2100 NEBRASKA AVENUE, SUITE 113
FORT PIERCE, FL 34950

Mailing address, if different is:
1542 SW LATSHAW AVENUE
PORT ST LUCIE, FL 34953

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO PROVIDE QUALITY CARE TO THE SAINT LUCIE COUNTY COMMUNITY

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: LERICHE F LOUIS
Address: 1542 SW LATSHAW AVENUE
PORT ST LUCIE, FL 34953

Name and Title: CHAIRMAN
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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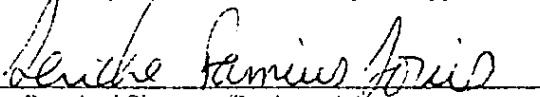
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ARTICLE VI REGISTERED AGENT

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

Name: LERICHE F LOUIS
Address: 1542 SW LATSHAW AVENUE
PORT ST LUCIE, FL 34953

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

08/16/2022
Date

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