

P23000047440

(Requestor's Name)

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Special Instructions to Filing Officer:

1123000076897

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06/22/23--01016--004 \*\*125.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2023

ARLENE HALSTEAD  
15 STEPHANIE DRIVE  
NEW MILFORD, CT 06776 US

SUBJECT: AB TRANSITION CARE SERVICES LLC  
Ref. Number: W23000076897

We have received your document for AB TRANSITION CARE SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

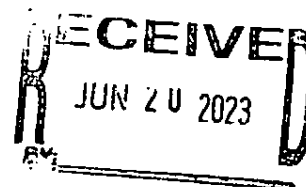
YOU HAVE SUBMITTED THE WRONG FEES AND FORM FOR THIS FILING. I HAVE ENCLOSED THE CORRECT FORM FOR YOU. TO COMPLETE THE FILING RESUBMIT THE FORM ALONG WITH A CHECK OR MONEY ORDER PAYABLE TO THE DEPT. OF STATE CORPORATIONS FOR AN ADDITIONAL FEE OF \$125.00 TO PROCESS THIS DOCUMENT. THIS DOES NOT INCLUDE CERTIFICATES

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.

ARCEDRA JOHNSON  
Regulatory Specialist II

Letter Number: 623A00012447



COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AB Transition Care Services 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:

Arlene Halstead  
Contact Person

AB Transition Care Services Corp  
Firm/Company

5886 NW Dowse St.  
Address

Port St. Lucie FL 384986  
City, State and Zip Code

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

For further information concerning this matter, please call:

Arlene Halstead at (914) 439-2205  
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

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:

AB Transition Care Services LLC  
Enter Name of the Converting Entity

2. The converting entity is a LLC (limited liability comp.)  
(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 01/23/2018  
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:

AB Transition Care Services 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: 6/14/23  
(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.

Signed this 22 day of June, 2023.

**Required Signature for Florida Profit Corporation:**

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

Arlene Halstead

Printed Name: Arlene Halstead Title: CEO/Owner

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

Signature: Arlene Halstead

Printed Name: Arlene Halstead Title: CEO/Owner

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)

**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: AB Transition Care Services Corp.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

5586 NW Dawse St.  
Port St. Lucie FL 34986

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To provide medical services

**ARTICLE IV    SHARES**

The number of shares of stock is: 1

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Alice Halstead (P) Name and Title: \_\_\_\_\_

Address: 5586 NW Dawse St. Address: \_\_\_\_\_  
Port St. Lucie FL 34986

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

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

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: Arlene Halstead  
Address: 5886 NW Dawse St.  
Port St. Lucie FL 34956

\*\*\*\*\*

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

6/12/23  
Date