# P24000035973

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Dod	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to f	Filing Officer:	

Office Use Only



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(12)

March 4, 2024

REBEKAH LYNN 96366 COMMODORE POINT DR YULEE, FL 32097 US

SUBJECT: AMELIA'S BEST CARE FOR SENIORS

Ref. Number: W24000035745

We have received your document for and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 245-6052.

Please see fors You mank you

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 924A00004708

www.sunbiz.org

#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Amelia's Best Care for Seniors
Name of Resulting Florida Protit 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:
Rebekah Lynn Contact Person
Amelia's Best Care for Seniors Firm/Company
96366 Commodore Point Dr. Address
Ywee, FL 32097 City. State and Zip Code
PricrL@icLoud.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Rebekah Wnn at ( 904), 677-537/  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   and Certificate of   and Certified Copy   Status   □\$122.50 Filing Fees   □\$122.50 Filing
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

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:

Amelia's Best Care for Seniors 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 August 21, 2023  Enter date "Converting Entity" was first organized, formed or incorporated.
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :  Amelia's Best Care for Seniors 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: 2/1/2024
(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 1st day of February	. 20 24.
U  Required Signature for Florida Profit Corporation:	ľ
Signature of Director, Officer, or, if Directors or Officer	
Printed Name: Rebekah Lynn Title: 6W.	new/president
Required Signature(s) on behalf of Converting Floricompanies: [See below for required signature(s).]	da partnerships, limited partnerships, and limited liability
Signature: Mychael Dossiń	m. 1/1 no. nucci dent
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 Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
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

\$70.00

Fees for Florida Articles of Incorporation: 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)

The name of the corporation shall be:	melias Best	- Care	for	Seniors in(
ARTICLE II PRINCIPAL OFFIC	_			
The principal place of business/mailing add				
96366 Commoderne		Mail ————	ing address	s, if different is:
Yulee, FL 32097	<u></u>			
ARTICLE III PURPOSE  The purpose for which the corporation is a professional Care	_	nent		
ARTICLE IV SHARES The number of shares of stock is:				
ARTICLE V OFFICERS AND/OR	DIRECTORS			
Name and Title: Rebellah ly	nn-President Name	e and Title:		
Address: 96366 Commode	me Point Dr Addr	ress:	<del></del> .	<u> </u>
Yww FL 33 Name and Title: Michael DOSS	1097			
Name and Title: Michael DOS	SIn-VP Name	e and Title:		
Address:	Addr	ess:		
			=	
Name and Title:	Name	e and Title:		
Address:	Addr	ess:		

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

Name:	Rebekah Lynn
Address:	96366 Commodore Point Dr
	Yulee Fr 32097
	$\mathcal{O}$
****	************
	een named as registered agent to accept service of process for the above stated corporation at the place designated in
this certify	ieaty, I ofn familiar with and accept the appointment as registered agent and agree to act in this capacity