

P24000036684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

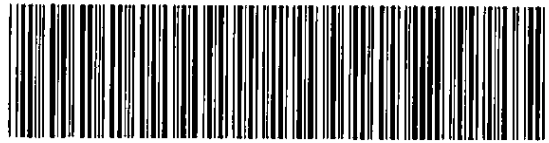
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400429818174

05/26/14 -01006-0006 **105.00

5/26/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GOOD SISTERS & BROTHERS HOME CARE SERVICES 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:

MATHILDE PIERRE

Contact Person

Firm/Company

1016 NE JENSEN BEACH BLVD

Address

JENSEN BEACH, FL 34957

City, State and Zip Code

MATHILDE.PIERRE@GOODSISTERSBROTHERS.COM

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

For further information concerning this matter, please call:

MATHILDE PIERRE at (**772**) **361-9630**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,
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:

GOOD SISTERS & BROTHERS HOME CARE SERVICES 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 **11/03/2023**

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:**

GOOD SISTERS & BROTHERS HOME CARE SERVICES 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:_____.

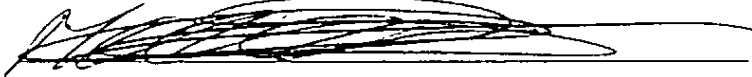
(The effective date: **Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.**)

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.

Signed this 13TH day of MAY, 2024.

Required Signature for Florida Profit Corporation:

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



Printed Name: PIERRE, MATHILDE Title: PRESIDENT

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

Signature: 

Printed Name: PIERRE, MATHILDE Title: PRESIDENT

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: GOOD SISTERS & BROTHERS HOME CARE SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
1016 NE JENSEN BEACH BLVD, JENSEN BEACH, FL 34957

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE CARE TO THE FOLLOWING COMMUNITIES IN THE FIVE FOLLOWING COUNTIES:

ST LUCIE, INDIAN RIVER, MARTIN, OKEECHOBEE, AND PALM BEACH COUNTY

ARTICLE IV SHARES 1000

The number of shares of stock is: _____

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: MATHILDE PIERRE, CEO

Name and Title: _____

Address: 1016 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

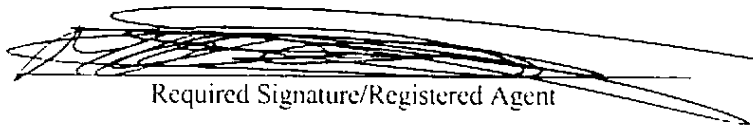
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MATHILDE PIERRE

Address: 1016 NE JENSEN BEACH BLVD

JENSEN BEACH, FL 34957

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

05/13/2024

Date