

P2400074157

12-10-24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

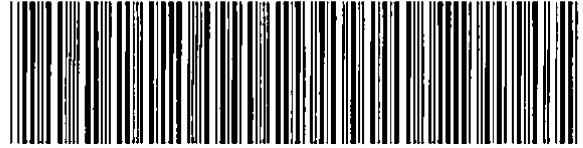
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rec. 12-10-24

W24000156992

Office Use Only



600439501246

11/20/24--01020--014 \*\*105.00

FILED  
CLERK OF STATE  
24 NOV 20 AM 10:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2024

S E BRYANT  
4295 W. OLD HWY 441, SUITE 4D  
MOUNT DORA, FL 32757 US

SUBJECT: ASSURANT CARE & SERVICES, LLC.  
Ref. Number: W24000156992

We have received your document for ASSURANT CARE & SERVICES, LLC. and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Matthew H Hitchcock  
Regulatory Specialist II

Letter Number: 524A00025752

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: **ASSURANT 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:

**S E Bryant**

Contact Person

**Assurant Care & Services, LLC.**

Firm/Company

**4295 W. Old Hwy 441, Suite 4D**

Address

**Mount Dora, FL 32757**

City, State and Zip Code

**support@assurantcareservices.com**

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

For further information concerning this matter, please call:

**S E Bryant**

Name of Contact Person

at ( **352** ) **234-6409**

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees and Certificate of Status    ☐ \$113.75 Filing Fees and Certified Copy    ☐ \$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:

**Assurant 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.)

3. First organized, formed or incorporated under the laws of **Florida**

(Enter state, or if a non-U.S. entity, the name of the country)

4. On **05/10/2014**

Enter date "Converting Entity" was first organized, formed or incorporated.

5. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

**ASSURANT CARE & SERVICES, INC.**

Enter Name of Florida Profit Corporation

6. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

7. If not effective on the date of filing, enter the effective date: **August 29, 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.

FILED  
SECRETARY OF STATE  
CORPORATIONS  
24 NOV 20 AM 10:00


Signed this 29 day of August, 2024.

**Required Signature for Florida Profit Corporation:**

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

  
Printed Name: S E Bryant Title: Executive Director

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

Signature:   
Printed Name: S E Bryant Title: Executive Director

Signature: \_\_\_\_\_  
Printed Name: N/A Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: N/A Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: N/A Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: N/A Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: N/A 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)**

**TICLE I    NAME**    ASSURANT CARE & SERVICES, INC.  
name of the corporation shall be:

**TICLE II    PRINCIPAL OFFICE**  
principal place of business/mailling address is:

Principal street address  
5 W Old US Hwy 441 Suite 4D Mount Dora, FL 32757

Mailing address, if different is:  
POST OFFICE BOX 529 TANGERINE, FL 32777

**TICLE III    PURPOSE**  
purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**TICLE IV    SHARES**    1,000  
number of shares of stock is:

**TICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: S. BRYANT EXECUTIVE DIRECTOR  
  
Address: 4295 W Old US Hwy 441 Suite 4D  
Mount Dora, FL 32757

Name and Title: N/A  
  
Address:

Name and Title: N/A  
  
Address:

Name and Title: N/A  
  
Address:

Name and Title: N/A  
  
Address:

Name and Title: N/A  
  
Address:


**TITLE VI REGISTERED AGENT**

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

ic: S E BRYANT  
ress: 4295 W Old US Hwy 441 Suite 4D  
Mount Dora, FL 32757

\*\*\*\*\*

*ing been named as registered agent to accept service of process for the above stated corporation at the place designated in  
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

8-29-24  
Date

FILED  
SECRETARY OF STATE  
24 NOV 20 AM 10:00  
OFFICE OF THE SECRETARY OF STATE