

**STATE OF ALABAMA  
CONVERSION OF A DOMESTIC ENTITY  
Limited Liability Company**

**PURPOSE:** In order to change the entity type of a domestic entity (any entity formed in Alabama), the entity must deliver the documentation in this form pursuant to Section 10A, Chapter 1, Article 8, and Chapter 5A, Code of Alabama 1975.

**INSTRUCTIONS:** Mail two (2) signed copies of the completed Conversion package, the filing fee of \$100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616**, and a check or money order made out to the Judge of Probate in the county where the converting entity's formation documents were recorded (contact the Office of the Judge of Probate for the fees). The Secretary of State will file and transmit a certified copy to the Judge of Probate in accordance with 10A-1-4.02(g). The Conversion will not be registered if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee). If you desire a stamped copy returned to you, supply a third copy and a pre-addressed postage paid return envelope. All information required to file this conversion is provided in the form or may be attached per Code. Cover letters are not required and will be disregarded since they are not part of the filing.

**This form must be typed or laser printed.  
Emailed transmissions will not be acknowledged, processed, or returned.**

- 1. Information on the converting entity (entity will change entity type at conversion and will retain the unique AL Entity ID Number originally assigned):**

Alabama entity id number of converting entity: 586 - 348 (Format 000-000) \*

**\*INSTRUCTIONS TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) Click on Business Services below the picture, click on Business Entity Search, click on Entity Name, enter the registered name of the entity (without entity ending) in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. Click on that number to check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

The name of the converting entity as recorded with the Secretary of State of Alabama:

Coastal Care Pharmacy, LLC



20200114000018670 1/4 \$66.00  
Shelby Cnty Judge of Probate, AL  
01/14/2020 09:53:22 AM FILED/CERT

Alabama Sec. Of State	Entity Change DPL 586-348	Date 12/17/2019	Time 14:57	3 PG	File \$100.00	Ackn \$.00	Exp \$.00	Total \$100.00
								03/010

(For SOS Office Use Only)

**This Document was prepared by:**

(For County Probate Court Office Use Only)



**CONVERSION OF DOMESTIC ENTITY / Limited Liability Company**

County Probate Office in Alabama where the formation documents of this domestic entity were recorded and

where the conversion document will be forwarded after recording: Shelby County

2. **Information on the converted (formed by conversion changing the converting entity but retaining the unique AL Entity ID Number originally assigned) – this entity will continue to exist:**

The name of the new domestic entity resulting from this conversion (A domestic name reservation certificate, issued by the Alabama Secretary of State, must be attached if the name is changing anything more than the entity identifier information – such as Inc., LLC, etc.– if only the identifier information is changing, no name reservation is required):

Coastal Care Pharmacy, LLC.

3. The undersigned certifies that the converted entity is a domestic limited liability company and has at least one member.

4. **Check only if applies to the converted Limited Liability Company:**

- ☒ Series LLC complying with Title 10A, Chapter 5A, Article 11  
☐ Professional LLC complying with Title A, Chapter 5A, Article 8

5. Name of registered agent for service of process in Alabama (must be physically located in Alabama):

Charles J Shirley

6. Street (No PO Boxes) Address of initial registered office (**MUST** be physically located in Alabama):

7895 Highway 119, Suite 1 Alabaster, AL 35007


Mailing Address in Alabama (if different) 7895 Highway 119, Suite 1 Alabaster, AL 35007

7. Optional Information: Name(s) of the Organizer(s):

Street (**No PO Boxes**) address of Organizer(s):

Mailing address of Organizer(s) – (if different from street address):

Attach a listing if more Organizers need to be added.

  
20200114000018670 2/4 \$66.00  
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8. If the converted entity is one in which one or more owners lack limited liability protection, a statement that each owner of the converting entity who is to become a owner without limited liability protection of the resulting entity has consented in writing to the conversion as required by 10A-1-8.01 is attached.
9. The undersigned certify that the conversion was approved pursuant to *Code of Alabama 1975*, Title 10A, Chapter 1, Article 8 (specifically 10A-1-8.01) and that the information included in or attached to this conversion form are true and correct.
10. Signature requirements are in accordance with 10A-1-4.01 and 10A-5A-2.04 of the *Code of Alabama 1975*.
11. The filing of the converted entity as a Limited Liability Company is effective upon filing by the Office of the Alabama Secretary of State or at the delayed effective date stated below (pre-effective dates are not allowed in Alabama Code). 10A-1-4.12

The undersigned specify 08 / 26 / 2019 as the effective date (MUST be on or after the date of filing in the Office of the Alabama Secretary of State, but no later than the 90<sup>th</sup> day after the ate this instrument was signed).

☐ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the limited liability company.

**Signatures – Use additional page(s) if necessary**  
**(Only one signature required – as many may sign as desired)**



20200114000018670 3/4 \$66.00  
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12 / 09 / 2019  
Date

Charles J. Shirley

Typed Name and Title (Organizer/Attorney-In-Fact) of Signature Below

Charles J. Shirley  
Signature of Person Authorized to Sign

  /  /    
Date

Typed Name and Title (Organizer/Attorney-In-Fact) of Signature Below


\_\_\_\_\_  
Signature of Person Authorized to Sign

*[Handwritten signature]*

Secretary of State  
State of Alabama

I hereby certify that this is a  
true and complete copy of the  
document filed in this office  
on Dec. 17, 2019

DATE Dec. 17, 2019  
J. H. Merrill  
Secretary of State

  
20200114000018670 4/4 \$66.00  
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