

W19000011978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

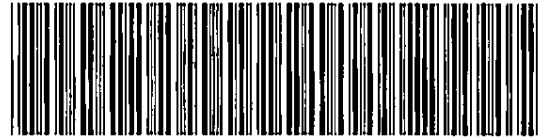
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/21/19--01021--012 \*\*122.50

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19 NOV -4 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
NOV 25 2019

W19-98052



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2019

MARIA WERNER  
1871 PLAYER CIRCLE SOUTH  
MELBOURNE, FL 32935

SUBJECT: BACK 2 BAREFOOT, INC.  
Ref. Number: W19000098052

We have received your document for BACK 2 BAREFOOT, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A non-profit entity cannot be part of a 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 819A00022964

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Back 2 Barefoot, Inc.  
Name of Resulting Florida ~~Profit~~ Corporation  
Non-Profit

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida ~~Profit~~ Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Mania Werner  
Contact Person

Back 2 Barefoot, Inc.  
Firm/Company

1871 Player Circle South  
Address

Melbourne, FL 32935  
City, State and Zip Code

back2barefoot@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mania Werner at ( 321 ) 831-9325  
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 and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA  
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Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida Profit Corporation  
*Non Profit*

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida ~~Profit~~ *Non Profit* Corporation in accordance with s. ~~607.1115~~ *617*, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Back 2 Barefoot, LLC

Enter Name of Other Business Entity

2. The "Other Business 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 9/30/18  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

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

Back 2 Barefoot, Inc.

Enter Name of Florida ~~Profit~~ *Non Profit* Corporation

5. If not effective on the date of filing, enter the effective date: 9/25/19

(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 10<sup>th</sup> day of October, 20 19.

*Non-Profit*

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: *Manu Werner*  
Printed Name: Manu Werner Title: President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: *Manu Werner*

Printed Name: Manu Werner 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:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Back 2 Barefoot, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <b>street</b> address: <u>1871 Player Circle South</u> <u>Melbourne, FL 32935</u>	Mailing address, if different is: <u></u> <u></u> <u></u>
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to promote a holistic approach to emotional, physical and mental well-being  
for people of all ages.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: majority vote

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Maria Werner, President</u>	Name and Title: <u></u>
Address: <u>1871 Player Circle South</u> <u>Melbourne, FL 32935</u>	Address: <u></u> <u></u>

Name and Title: <u>Cynthia Werner, Grant Coordinator</u>	Name and Title: <u></u>
Address: <u>1675 S Fiske Blvd</u> <u>Rockledge, FL 32955</u>	Address: <u></u> <u></u>

Name and Title: <u>Elizabeth Lark-Riley, Officer</u>	Name and Title: <u></u>
Address: <u>1403 Martin Rd</u> <u>Rockledge, FL 32955</u>	Address: <u></u> <u></u>

RECORDED & INDEXED  
TALLAHASSEE, FLORIDA  
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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: Maria Werner

Address: 1871 Player Cir S

Melbourne FL 32935

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TALLAHASSEE, FLORIDA

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maria Werner

Address: 1871 Player Cir S

Melbourne, FL 32935


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-10-19 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

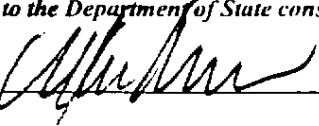
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 of Registered Agent

10-10-19  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature of Incorporator

10-10-19  
Date