





2022 AUG -1 PM 12:18

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2022

JUANITA L MITCHELL CPA  
3938 SUNBEAM RD STE 1  
JACKSONVILLE, FL 32257

SUBJECT: GROW FAMILY WELLNESS, LLC  
Ref. Number: W22000075593

We have received your document for GROW FAMILY WELLNESS, LLC and your check(s) totaling \$105.00. 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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Karen Lovelace  
Regulatory Specialist II

Letter Number: 622A00012755

FILED  
2022 AUG -1 PM 9:09  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

Doc. #  
L18000294522

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Grow Family Wellness, LLC  
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 Non-Profit Corporation" in accordance with ss. 617 F.S.

Please return all correspondence concerning this matter to:

Juanita L. Mitchell CPA  
Contact Person

Royalty Accounting Services  
Firm/Company

3938 Sunbeam Road Suite 1  
Address

Jacksonville, FL 32257  
City, State and Zip Code

J.Mitchell@royaltyaccountingservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juanita Mitchell at ( 904 ) 456-7919  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

Check # 195

**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

2022 AUG -1 PM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FL  
FILED

Doc #  
L18000254522

Articles of Conversion  
For  
Converting Eligible Entity  
Into  
Florida Non-Profit  
Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following eligible business entity into a **Florida Non-Profit Corporation** in accordance with ss. 617 Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Grow Family Wellness 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 April 25, 2022  
Enter date "Converting Entity" was first organized, formed or incorporated.

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

Grow Family Wellness  
Enter Name of Florida Non-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: 04/25/2022

(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**  
2022 AUG -1 PM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

Doc #  
L18000254522

Signed this 27th day of April, 2022

**Required Signature for Florida Non-Profit Corporation:**

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

[Signature]

Printed Name: Heather Horrell Title: President

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

Signature: [Signature]

Printed Name: Heather Horrell Title: Managing Member

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)

FILED  
2022 AUG - 1 PM 9: 10  
SECRETARY OF STATE  
TALLAHASSEE, FL

DOC #  
L18600254522

ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA NON-PROFIT CORPORATION  
In compliance with Chapter 617, F.S. (Non-Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Grow Family Wellness

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

65097 River Glen Parkway  
Jacksonville, FL 32097

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Raise awareness to child development by incorporating Yoga into social  
emotional wellness to underprivileged children.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 0

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Heather Horrell- P

Address: 65097 River Glen Pkwy  
Jacksonville, FL 32097

Name and Title: Tammy Ruggiero- VP

Address: 4006 Heidi Rd W  
Jacksonville, FL 32277

Name and Title: Ajoa Ayesu- SEC

Address: 11883 Alexander DR  
Jacksonville, FL 32218

Name and Title: Wyms, Phoebe- DIR

Address: 13525 Ashford Wood Ct E  
Jacksonville, FL 32218

Name and Title: Juanita Mitchell- Tres

Address: 3865 Reds Gait Ln  
Jacksonville, FL 32223

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

FILED  
2022 AUG - 1 PM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

DOC #  
L18000254522

**ARTICLE VI REGISTERED AGENT**

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

Name: Juanita Mitchell, CPA

Address: 3938 Sunbeam Rd, Ste 1  
Jax, FL 32254

\*\*\*\*\*

*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*

*Juanita L. Mitchell, CPA*  
Required Signature/Registered Agent

04/27/2022  
Date

**FILED**  
2022 AUG -1 PM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FL