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ZN OF CORPORATIONS
ANASSEE, FLORIDA

WO4-18267 J. BRYAN MAY 12 2004

J. BRYAN MAY 2 7 2004

TRANSMITTAL LETTER

	gistration Section vision of Corporations	MAN S MA OS SILL PLONES
SUBJECT:	HEALTHY EATS ONE, LLC	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
SUBSECT.	(Name of Limited Liability Company)	Con My on a
The enclosed	d Articles of Organization and fee(s) are submitted for filing.	10010
	Please return all correspondence concerning this matter to the following:	10 AS
	Ian Horn, Esq.	
	(Name of Person)	
•	(Firm/Company)	
	P.O. Box 691	
	(Address)	_
	Brandon, Florida 33594	
	(City/State and Zip Code)	
For further in	information concerning this matter, please call:	
Ian H	Horn, Esq. at (813) 545-1067	
	(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 12, 2004

IAN HORN, ESQ. P.O. BOX 691 BRANDON, FL 33594

SUBJECT: HEALTHY EATS ONE, LLC

Ref. Number: W04000018267

We have received your document for HEALTHY EATS ONE, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 004A00033121

Joey Bryan Document Specialist MINA 25 M 8:31 WS. S. C. FLORIDA.

IAN HORN, ESQ. P.O. Box 691 Brandon, Florida 33563 (813) 545-1067 or (813) 672-8333 MINAN 25 M 8. 31 MS. SEE, FLORONS

Monday, May 17, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Healthy Eats One

Dear Sir/Madam:

Pursuant to your letter dated May 12, 2004, please find check number 5342 in the amount of \$25.00 as balance due for HEALTHY EATS ONE, LLC.

If you have any questions or need anything further, please contact this office at your earliest convenience.

Sincerely,

Sally Headrick

Paralegal for Ian Horn

CERTIFICATE OF CONVERSION

Blank C. W. S. W. S. S. Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to conver to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:

HEALTHY EATS ONE

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- Date: Α.
- Hillsborough County В. Jurisdiction:
- If different from the above noted jurisdiction, the jurisdiction immediately prior to C. its conversion:

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

HEALTHY EATS ONE, LLC

Signature of a Member or an Authorized Representative of a Member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael Freid

Typed or Printed Name of Signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Filing Fee for Registered Agent Designation

\$ 25.00 Filing Fee for Certificate of Conversion

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGA FOR FLORIDA LIMITED LIABI	NIZATION LITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is: HEALTHY EATS ONE, LLC	NIZATION LITY COMPANY - AT A TOTAL OF THE STATE OF THE S
ARTICLE II - Address: The mailing address and street address of the principal	70
Principal Office Address:	Mailing Address:
2208 Laurel Oak Drive	
Valrico, Florida 33594	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	
Ian Horn, Esquire	en e
Name	
4023 Paddlewheel Dri	ve
Florida street address (P.O. Box)	NOT acceptable)
Brandon,	LORIDA 33594
City, State, and Zip	-

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Title:	Name and Address:	જ <i>`</i> જ્ર
"MGR" = Manager "MGRM" = Managing Member	aging Member(s): ger or Managing Member is as follows: Name and Address:	14 of 3
MGR	Michael Freid	2/2
**************************************	2208 Laurel Oak Drive	10/45
	Valrico, Florida 33594	,
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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE

Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael Freid

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)