

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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1.1

	ACCOUNT NO.	:	12000000195	
	REFERENCE	:	262565	7884795
	AUTHORIZATION	ſ,	Noo.	
	COST LIMIT		\$ 25.00	
ORDER DATE :	August 19, 2014			
ORDER TIME :	2:05 PM			
ORDER NO. :	262565-005			
CUSTOMER NO:	7884795			

DOMESTIC CONVERSION FILING

NAME: FDC VITAMINS, LLC

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION _____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

MILLAINASSEE FLORIDA

2014 AUG 19

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Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

FDC Vitamins, LLC

Enter Name of "Converted or Other Business Entity"

limited liability company

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3. The "Converted or Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the countr on August 19, 2014

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

Upon filing

5. This conversion shall be effective in Florida on: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State: AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	1201 Hays Street			
	Tallahassee, FL 32301			
Mailing Address:	Same as above			
appraisal rights the and 605.1061-605	e August 14			
Signed this $// \Gamma$	day.of,20			
Signature:	Must be signed by a premper or Authorized Representative			
Printed Name:	W. Frygman Authorized Person			
Fees: Filing Fee:	\$25.00			
Certified Cop	y: \$30.00 (Optional)			
Certificate of	Status: \$5.00 (Optional)			

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