L09000011925

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linity Name)
(Danish Marka)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
2551
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A. LUNT

FEB - 5 2009

EXAMINER



000138713630

12/12/08--01034--009 **185.00

TALLAHASSEE, FLORIDA

09 FEB -4 PM 2: 3



December 15, 2008

DAVID WILSON 1969 S. ALAFAYA TRAIL 416 ORLANDO, FL 32828

SUBJECT: ENGINEERED NUTRITION, LLC

Ref. Number: W08000055514

We have received your document for ENGINEERED NUTRITION, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of 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) 245-6094.

Letter Number: 208A00060372

Agnes Lunt Regulatory Specialist II

COVER LETTER

	Registration Division of C			
L	JIVISION OI C	Corporations		
SUBJE	CT: <u>Engin</u>	eered Nutrition, L (Name of Resulting	LC Florida Limited Compan	y)
convert a		usiness Entity" into a '		n, and fees are submitted to ility Company" in
Please re	eturn all corr	espondence concernin	g this matter to:	
David Wi	lson			2009 FEB -4
		(Contact Person)		
Engineer	ed Nutrition			9.4
		(Firm/Company)		₩
1969 S. A	Mafaya Trail 4	116		OF STATE
	<u> </u>	(Address)		
Orlando	FL 32828			P
Ondrido,		City, State and Zip Code)		
For furth	er informati	on concerning this ma	tter, please call:	
David Wi	Ison		_at (407) 574	I-1610
(Name of Conta	act Person)	(Area Code and I	Daytime Telephone Number)
Enclosed	l is a check f	for the following amou	int:	
\$150.00 (\$25 for C & \$125 for of Organiz	r Articles	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	☑\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Registrat Division Clifton E 2661 Exc	Γ ADDRES tion Section of Corporat Building ecutive Cent	ions er Circle	Registration	Corporations 327

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity"	immediately prior to the filing of this	
Certificate of Conversion is: Engineered Nutrition		
	ther Business Entity)	
2. The "Other Business Entity" is a	sole proprietorship	
(Enter entity type. Example: corporation	on, limited partnership, sole proprietorship,	,
general partnership, comm	ion law or business trust, etc.)	2
first organized, formed or incorporated unde	r the laws of Florida	2009 FEB
	entity, the name of the country)	8
on 04/03/2003		1
	s first organized, formed or incorporated)	PH
3. If the jurisdiction of the "Other Business	Entity" was changed, the state or country	2: 37
 4. The name of the Florida Limited Liability Articles of Organization: 	· 	
Engineered Nutrition, LLC (Enter Name of Florida)	Limited Liability Company)	I
5. If not effective on the date of filing, enter	• • • •	
(The effective date: 1) cannot be prior to	nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as the	e

Signed this 7. day of December	20 <u></u>	
Signature of Member or Authorized Representa	ative of Limited Liability Company:	
Signature of Member or Authorized Representativ Printed Name: <u>David Wilson</u>	e:	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]	
Signatura		
Signature: Printed Name: David Wilson	Title: OWNRY	
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:	-1 22 -1 (a) 21	
Signature: Printed Name:	Title:TEB	41
Signature:		
Printed Name:	Title: Q7 b. =	1
Signature:		
Signature: Printed Name:		
If Florida Corporation:		ı
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
•		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Engineered Nutrition, LLC	<u> </u>
(Must end with the words "Limited Liability Company," "LLC.")	the abbreviation "L.L.C.," or the designation
ARTICLE II - Address:	
The mailing address and street address of t	he principal office of the Limited
Liability Company is:	
Principal Office Address:	Mailing Address:
1802 North Alafaya Trail	1802 North Alafaya Trail
Suite 141 • • Orlando, FL 32826 • • • • • • • • • • • • • • • • • • •	_ <u>Suite 141</u> Orlando, FL 32826
ARTICLE III - Registered Agent, Regist Signature: (The Limited Liability Company cannot serve as its own individual or another business entity with an active Florida registration.)	Registered Agent. You must designate an
The name and the Florida street address of	the registered agent are:
David Wilson	
	Name Es
1969 S. Alafaya Trail 4	
Florida street address ((P.O. Box NOT acceptable)
Orlando	FL 32828
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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	1969 S. Alafaya Trail 416
	Orlando, FL 32828
	را الله الله الله الله الله الله الله ال
	Single Control of the
LE V: Effective date, if other than the ective date: 1) cannot be prior to	(Use attachment if necessary) he date of filing: (OPTIONAL) nor more than 90 days after the date this
ective date: 1) cannot be prior to nt is filed by the Florida Departn tive date listed in the attached sted therein.)	he date of filing: (OPTIONAL) nor more than 90 days after the date this nent of State; AND 2) must be the same as Certificate of Conversion, if an effective
ective date: 1) cannot be prior to nt is filed by the Florida Departn tive date listed in the attached sted therein.)	he date of filing: (OPTIONAL) nor more than 90 days after the date this nent of State; <u>AND</u> 2) must be the same as
ective date: 1) cannot be prior to at is filed by the Florida Departmentive date listed in the attached sted therein.) REQUIRED SIGNATURE: Signature of a member or an auxiliary of this document constitutes an auxiliary of the steel of th	he date of filing: (OPTIONAL) nor more than 90 days after the date this nent of State; AND 2) must be the same as Certificate of Conversion, if an effective
ective date: 1) cannot be prior to the is filed by the Florida Departmentive date listed in the attached sted therein.) REOUIRED SIGNATURE: Signature of a member or an a that the facts of this document constitutes an attached sted therein.	(OPTIONAL) o nor more than 90 days after the date this nent of State; AND 2) must be the same as Certificate of Conversion, if an effective nuthorized representative of a member. 8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)