

#L 11000076456

Hartman Law Firm, P.A.  
P.O. Box 10910  
Tallahassee, FL 32302

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

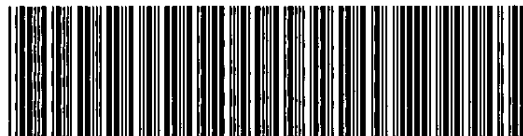
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11 JUN 30 AM 7:21  
OFFICE OF STATE  
CLERK  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 1 2011

**CERTIFICATE OF CONVERSION**

Pursuant to section 608.439, Florida Statutes, the following "Other Business Entity" hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the "Other Business Entity" immediately prior to filing this document was:  
**Honeytree Natural Foods, Inc.**

**\*700000071148**

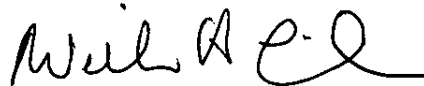
SECOND: The "Other Business Entity" is a corporation.

THIRD: The date on which and the jurisdiction in which the "Other Business Entity" was first created or otherwise came into being are:

- A. Date: July 26, 2000.
- B. Jurisdiction: Florida.
- C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: N/A.

FOURTH: The name of the limited liability company as set forth in the attached articles of organization is: **Honeytree Natural Foods, LLC**

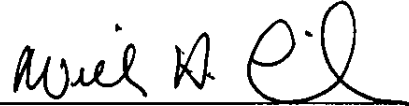
FIFTH: The effective date and time of the conversion to a limited liability company is the date and time of filing with the Florida Department of State.



\_\_\_\_\_  
Signature of Member

William H. Lickson, Member-Manager

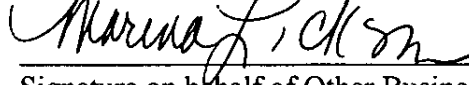
\_\_\_\_\_  
Typed or Printed Name of Signee



\_\_\_\_\_  
Signature on behalf of Other Business Entity

William H. Lickson, President

\_\_\_\_\_  
Typed or Printed Name of Signee, and Title



\_\_\_\_\_  
Signature on behalf of Other Business Entity

Marina Lickson, Vice President

\_\_\_\_\_  
Typed or Printed Name of Signee, and Title

**ARTICLES OF ORGANIZATION  
OF  
HONEYTREE NATURAL FOODS, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Honeytree Natural Foods, LLC, ("company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1415 Timberlane Road #403  
Tallahassee, Florida 32312

Mailing Address:

1415 Timberlane Road #403  
Tallahassee, Florida 32312

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Hartman Law Firm, P.A.  
207 W. Park Ave., Suite A  
Tallahassee, Florida 32301

*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..*



Daniel W. Hartman  
Hartman Law Firm, P.A.

**ARTICLE IV - MANAGERS OR MANAGING MEMBERS**

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TALLAHASSEE, FLORIDA

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

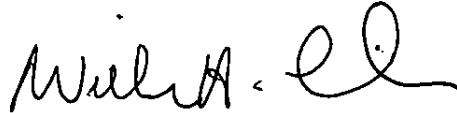
MGMR

William H. Lickson  
1415 Timberlane Road #403  
Tallahassee, Florida 32312

MGMR

Marina Lickson  
1415 Timberlane Road #403  
Tallahassee, Florida 32312

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.)

William H. Lickson

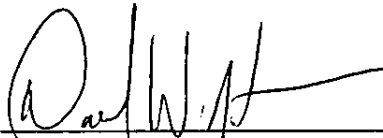
\_\_\_\_\_  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY **Honeytree Natural Foods, LLC**, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is **Honeytree Natural Foods, LLC**.
  
2. The name and the Florida street address of the registered agent and office are:  
Hartman Law Firm, P.A.  
207 W. Park Ave., Suite A  
Tallahassee, Florida 32301

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.

A handwritten signature in black ink, appearing to read 'Daniel W. Hartman', is written over a horizontal line.

Daniel W. Hartman  
Hartman Law Firm, P.A.  
Registered Agent