

LP3000089569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

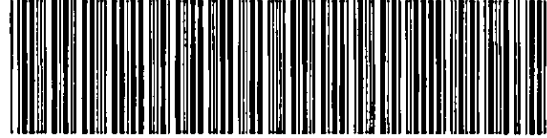
(Document Number)

Certified Copies _____ Certificates of Status _____

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10/14/20 15:11:47



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2020

ALEXIS FERNANDEZ
319 SE 78TH AVENUE
PORTLAND, OR 97215

SUBJECT: FESTIVAL WELLNESS LLC
Ref. Number: L13000089569

We have received your document for FESTIVAL WELLNESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

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) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 420A00023407

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Festival Wellness LLC
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Alexis Fernandez
Contact Person

319 SE 78th Ave
Firm/Company
Address

Portland, OR 97215
City, State and Zip Code

alexis3223@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Fernandez at (786) 503-1717
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee
(already paid) | <input type="checkbox"/> \$30.00 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$55.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$60.00 Filing Fee,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion
For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

2021/07/19 PM 3:47

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company** into an **"Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

Festival Wellness LLC

Enter Name of Florida Limited Liability Company

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

Festival Wellness LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a sole proprietorship
(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 Wyoming
(Enter state, or if a non-U.S. entity, the name of the country)

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.

5. This conversion shall be effective in Florida on: 9/18/2020
(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.")

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.

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":

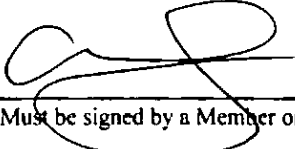
a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 319 SE 78th Ave
Portland, OR 97215

Mailing Address: _____

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 9 day of October, 20 20

Signature: 
Must be signed by a Member or Authorized Representative

Printed Name: Alexis Fernandez Title: Owner / Member manager

Fees:	Filing Fee:	\$25.00
	Certified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)