L13000100879

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
		
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2014 APR -3 AM 10: 26 - SECRETARY OF STATE

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APR - 8 2013

T. HAMPTON

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)	
FILING COVER S ACCT. #FCA-23	SHEET		
CONTACT:	SAVANNAH	I DEBOER	
DATE:	04/03/14		
REF. #:	7746308.9103408		
CORP. NAME:	REGENLAB	B USA LLC	
() ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT () CERTIFICATE OF C (XX) OTHER: ARTICI	CATION CANCELLATION	() ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP () MERGER	() ARTICLES OF DISSOLUTION () FICTITIOUS NAME () LIMITED LIABILITY () WITHDRAWAL
STATE FEES PR	REPAID WI	тн снеск# <u>700</u> 116 <i>0</i> 4	FOR \$ 25.00
AUTHORIZATI(ON FOR AC	CCOUNT IF TO BE DEBITE	D:
	The rest is a second	COST LI	MIT: \$
PLEASE RETUR	RN:		
() CERTIFIED COPY		ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY

Examiner's Initials



April 4, 2014

CORPDIRECT AGENTS, INC. REGENLAB USA LLC SAVANNAH DEBOER

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE

04/03/14

SUBJECT: REGENLAB USA LLC Ref. Number: L13000100879

We have received your document for REGENLAB USA 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 414A00007259

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE

04 03 14



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

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

Florida Statutes.			
1. The name of the Florida Limited Liability Business Entity" is:			
REGENLAB USA LLC	L13000100819		
Enter Name of Florida Lis	nited Liability Company		
2. The name of the "Converted or Other Busi	ness Entity" is:		
REGENLAB USA LLC			
Enter Name of "Converted	or Other Business Entity"		
3. The "Converted or Other Business Entity" (Enter entity type, Example: corporation general partnership, commo	is a, limited partnership, sole proprietorship, a law or business trust, etc.)		
organized, formed or incorporated under the (Enter state on April 2, 2014 (Oste of organization, formation or incorporation)	laws of Delaware e, or if a non-U.S. entity, the name of the country)		
and the formation document is attached (if ap	plicable).		
4. The plan of conversion was approved by t Company in accordance with Chapter 605, P.			
5. This conversion shall be effective in Flori (The effective date: 1) cannot be prior to nor more the Florida Department of State: AND 2) must be the same laws governing the "Other Business Entity.")	an 90 days after the date this document is flied by the		

Page 1 of 2

FILED 2014 APR -3 AM 10: 26 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:	601 Brickell Key Drive, Suite 702		
Mailing Address:		Miami, FL 33131		
		601 Brickell Key Drive, Suite 702 Mlami, FL 33131		
Signat	ture:	Must be signed by a Member or Authorized Representative		
Printe	d Name: Anni	ie Borello Florilla di Sε _{Title:} Authorized Person		
<u>Fees:</u>	Filing Fee: Certified Cop	\$25.00 by: \$30.00 (Optional)		

Page 2 of 2

\$5.00 (Optional)

Certificate of Status:

