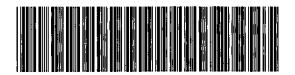
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	(Requestor's Name)
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PICK-UF	P WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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Office Use Only



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### **COVER LETTER**

	Registration S Division of C			
SUBJE	CT: VIRTUA	AL WELLNESS ENT	ERPRISES, INC.	
CODUL			of Resulting Florida Limite	ed Company)
				nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please r	return all corre	espondence concerning	g this matter to:	
Kim M	. Stanfield	_		
		(Contact Person)		
The Ho	ogan Law Fir	rm		
		(Firm/Company)		
20 So.	Broad Stree	ıt		
•		(Address)		
Brooks	sville, FL 34	601		
	((	City, State and Zip Code)		
kstanfi	eld@hoganla	awfirm.com		
E-ma	il Address: (to be	e used for future annual rep	port notifications)	
For furt	her informatio	on concerning this mat	ter, please call:	
Kim M.	. Stanfield		at (352 ) 799-	-8423
	(Name of Contac	et Person)		time Telephone Number)
Enclose	d is a check fo	or the following amou	nt:	
(\$25 for C	00 Filing Fees Conversion or Articles ization)	□\$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
Registra Division Clifton I 2661 Ex	T ADDRESS ation Section of Corporati Building secutive Center ssee, FL 3230	ons er Circle	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section corporations 27

## **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

~ · · · · · · · · · · · · · · · · · · ·	
1. The name of the "Other Busines VIRTUAL WELLNESS ENTER!	ss Entity" immediately prior to the filing of the Articles of Conversion is: PRISES, INC.
	ter Name of Other Business Entity)
2. The "Other Business Entity" is	a Profit Corporation
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpor	rated under the laws of Florida
I	(Enter state, or if a non-U.S. entity, the name of the country)
on January 22, 2014 (date of organization, formation or in-	corporation)
3. The name of the Florida Limited	d Liability Company as set forth in the attached Articles of Organization:
VIRTUAL WELLNESS ENTERI	PRISES, LLC
(Enter Name	of Florida Limited Liability Company)
	ling, enter the effective date:
date this document is filed by the	prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; <u>AND</u> 2) must be the same as the effective so of Organization, if an effective date is listed therein.)
5. The plan of conversion has been	approved in accordance with ss. 605.1041-605.1046.
	•

Page 1 of 2

Signed this Lr day of June	20.14	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative:	topler Ballish	_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).	
Signature:	Title: Treasurer	- -
Signature: Printed Name:		
Signature:Printed Name:	Title:	- -
Signature:Printed Name:	Title:	- -
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
If Florida Corporation: 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 Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		TAGE A
Fees:		
Articles 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:	
VIRTUAL WELLNESS ENTERPRISES, LLC	
(Must end with the words "Limited Liabilit	y Company, "E.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9015 MAVIS ROAD BROOKSVILLE FL 34613	9015 MAVIS ROAD BROOKSVILLE FL 34613
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
The Hogan Law Firm	
Name	
20 So. Broad Street	\$ 6 %
Florida street address (P.O.	Box NOT acceptable)
Brooksville	FL 34601
City .	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pa	accept service of process for the above stated limited this certificate. I hereby accept the appointment as by. I further agree to comply with the provisions of alerformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR	John Sannuto		
	9015 Mavis Road		
	Brooksville, FL 34613	•	
MGR	Christopher Ballish		
	27209 Fordhan Drive		
	Wesley Chapel, FL 33554		
<del></del>			
	· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must	e date of filing: (OPTIO be specific and cannot be more than five busine	NAL) ss day:	s pric
ARTICLE V: Effective date, if other than th	e date of filing: (OPTIO be specific and cannot be more than five busine	NAL) ss day	s prio
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ARTICLE IV-