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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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> 15 JAN -8 AM 8: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. Shivers JAN 20 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bread Head Distribution LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Stephen Bowen (Contact Person) Bread Head Distribution LLC (Firm/Company)
6650 Corporate Center Pkwy Apt 1206 (Address)
Jacksonville FL 32216 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Stephen Bowen at (423) 710 · 4114 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & 125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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 Business Entity" immediately prior to the filing of the Articles of Bread Head Distribution LLC.	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Company. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of <u>Tennessee</u> on <u>January 7th</u> 2014 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the nar	ne of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Article Bread Head Distribution LLC (Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 9 date this document is filed by the Florida Department of State; AND 2) must be the sa date listed in the attached Articles of Organization, if an effective date is listed therein	0 days after the
5. The plan of conversion has been approved in accordance with all applicable statutes.	15 . SEC
Page 1 of 2	15 JAH -8 AH 8:56 SECRETARY OF STATE ALLAHASSEE FLORIDA

•				
Signed this 6th day of January	_20_ 15			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: Printed Name: Stephen Bower	Title: President			
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]			
Signature: Stephen Bowen	Title: President			
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:	_ Title:			
Signature: Printed Name:	_ Title:			
Signature:Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	No.	dow	
All others: Signature of an authorized person.		ECRET	5 JAN	s pot
Fees:		HISS TRY U	HM 8-	The state of the s
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	F STALE FLORIDA	н 8:56	a i

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bread Head Distribution (Must end with the words "Limited Liability)	r Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6650 Corporate CenterPkuy Apt 1206 Jacksonville FL 32216	6650 Corporate Center PKW Hpt. 1206 Jacksonville FL 32216
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Stephen Bowe Name	:^
	Center Pkwy Apt. 1206 Box NOT acceptable)
<u>Jacksonville</u> 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 pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	SECRETALLIAN SECRETALLIAN SECRETALLIAN SECRETARIAN SEC
(CONTINU	SSE TO SEE
Page 1 of	

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Stephen Bowen
71101131	6650 Corporate Center PKWY APT 12
	6650 Corporate Center PKWY Apt 12 Jacksonville FL 32216
_MGR	Tessica Bowes
	6650 Corporate Center PKWY Apt 172
	Jessica Bowen 6650 Corporate Center PKWY Apt 120 Jacksonville FL 32216
(Use attachment if necessary)	
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effective date is listed, the date must	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days pr
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ARTICLE/IV-