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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	• #)
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
	:	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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05/26/15--01036--026 **185.00

COVER LETTER

Division of C	orporations		
SUBJECT: HCF Ami	noScience, LLC		
SOBJECT.	(Name	of Resulting Florida Limit	ed Company)
			nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Justin Peta			
	(Contact Person)		
HCF AminoScience, LLC	C		
	(Firm/Company)	, '', ''	
101425 Overseas Hwy			
	(Address)		
Suite 320			
((City, State and Zip Code)		
Key Largo, FL 33037			
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Justin Peta		_at (305)306-	1666 x 701
(Name of Conta	ct Person)	(Area Code) (Da	ytime Telephone Number)
Enclosed is a check f	or the following amou	int:	
☐ \$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	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING	ADDRESS:
Registration Section		Registration	
Division of Corporat	ions	Division of (P. O. Box 63	Corporations
Clifton Building 2661 Executive Cent	er Circle	Tallahassee,	
		,	

Tallahassee, FL 32301

TO:

Registration Section

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 Conversion is: PETA, LLC
(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 Nevada
10/3/2001 (Enter state, or if a non-U.S. entity, the name of the country) on
(date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: HCF AminoScience, 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 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 listed in the attached Articles of Organization, if an effective date is listed therein.) 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 18 day of May	20 15
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Justin Peta	Title: Chairman
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Justin Peta	Title: Chairman
Signature:	
Printed Name:	
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	Tt.1
Printed Name:	I itle:
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
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

HCF AminoScience, LLC	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
101425 Overseas Hwy	101425 Overseas Hwy
Suite 320	Suite 320
Key Largo, FL 33037	Key Largo, FL 33037
The name and the Florida street address of	of the registered agent are:
The name and the Florida street address of	of the registered agent are:
Justin Peta	
	Name
	Name
Justin Peta 101425 Overseas Hwy, S	Name
Justin Peta 101425 Overseas Hwy, S	Name Suite 320
Justin Peta 101425 Overseas Hwy, S Florida street addres	Name Suite 320 ss (P.O. Box NOT acceptable)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	
	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Austra Barr
MGR	Justin Peta 101425 Overseas Hwy, Suite 320
	Key Largo, FL 33037
	(Ko) Eargo, 1 E 50001
PLOT DAY DOC 21 14 10 41 41 41	1 · CCII
on effective date is listed, the date must larger of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days the applicable statutory filing requirements, this date will not be listed a records.
an effective date is listed, the date must let 90 days after the date of filing.) If the date inserted in this block does not meet the	be specific and cannot be more than five business days he applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must let 90 days after the date of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State's	be specific and cannot be more than five business days he applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must let 90 days after the date of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State's FICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date will not be listed a records.
r 90 days after the date of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State's FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0205) constitutes an affirmation under the pena I am aware that any false information sub-	be specific and cannot be more than five business days the applicable statutory filing requirements, this date will not be listed a records. or an authorized representative of a member. (3), Florida Statutes, the execution of this document altered of perjury that the facts stated herein are true, comitted in a document to the Department of State
r 90 days after the date of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State's FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0205) constitutes an affirmation under the pena	he applicable statutory filing requirements, this date will not be listed a records. or an authorized representative of a member. (3), Florida Statutes, the execution of this document littles of perjury that the facts stated herein are true, omitted in a document to the Department of State
r 90 days after the date of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State's FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605,0205 constitutes an affirmation under the penal I am aware that any false information subconstitutes a third degree felony as provided the section of the penal of the	be specific and cannot be more than five business days the applicable statutory filing requirements, this date will not be listed a records. or an authorized representative of a member. (3), Florida Statutes, the execution of this document altered of perjury that the facts stated herein are true, comitted in a document to the Department of State

The name and address of each person authorized to manage and control the Limited Liability

\$ 5.00 Certificate of Status (Optional)
Page 2 of 2

\$ 30.00 Certified Copy (Optional)