## L16000 46131

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



MAR 0 8 2016 T. SCOTT



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SEGRETARY OF STATE BIVISION OF CORPORATIONS



# May have how and the second FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 19, 2016

LYNN GIACHETTI **DELICIOUS NUTRITIOUS** 3301 BONITA BEACH ROAD, SUITE 300 BONITA SPRINGS, FL 34134

SUBJECT: DELICIOUS NUTRITIOUS INC

Ref. Number: W16000005091

We have received your document for DELICIOUS NUTRITIOUS INC and your check(s) totaling \$180.00. 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.

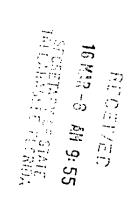
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 816A00001605

P14660086523



### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Delicious Nutritious LLC	
(Name of Resu	Ilting Florida Limited Company)
	Organization, and fees are submitted to convert an "Other y Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this	matter to:
Lynn Giachetti	
(Contact Person)	
Delicious Nutritious	
(Firm/Company)	
3301 Bonita Beach Road, Suite 300	
(Address)	
Bonita Springs, FL 34134	
(City, State and Zip Code)	
lgiachetti@csiglobalvcard.com	
E-mail Address: (to be used for future annual report no	tifications)
For further information concerning this matter, p	lease call:
Lynn Giachetti at (	239 947-5169
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
	180.00 Filing Fees Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Registration Section	

Tallahassee, FL 32301

## 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:  Delicious Nutritious Inc. —
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a S Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
October 21, 2014 (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:  Delicious Nutritious 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

SECRETARY OF SINTERS OF CORPORATIONS

Signed this 30th day of December	_ 20_15
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Keith Stone	Title: Managing Member
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)
Signature: Signature: Machette	Title: CFO (and Incorporator)
Printed Name: Lynn Giachetti	Title: _CFO (and incorporator)
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 of the Directors or Officers have not been selected, an Inc.	Officer.
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

ARTICLE I - 1 The name of the	e Limited Liability Compar	ny is:
	•	•
Delicious Nutriti	ous LLC	
	(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II -	Address:	
The mailing ad	dress and street address of	the principal office of the Limited Liability Company is:
Principal Offic	ce Address:	Mailing Address:
3301 Bonita Beac	h Road, Suite 300	3301 Bonita Beach Road, Suite 300
3301 Bonita Beac Bonita Springs, F		3301 Bonita Beach Road, Suite 300 Bonita Springs, FL 34134
Bonita Springs, F	L 34134	
Bonita Springs, F  ARTICLE III (The Limited Liability)	L 34134 - Registered Agent, Regis	Bonita Springs, FL 34134
Bonita Springs, F  ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Registy Company cannot serve as its own	Bonita Springs, FL 34134  Stered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual or another
Bonita Springs, F  ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Registy Company cannot serve as its own an active Florida registration.)  the Florida street address of	Bonita Springs, FL 34134  Stered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual or another
Bonita Springs, F  ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Registry Company cannot serve as its own an active Florida registration.)  The Florida street address of Lynn Giachetti	Bonita Springs, FL 34134  Stered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual or another
Bonita Springs, F  ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Registry Company cannot serve as its own an active Florida registration.)  The Florida street address of Lynn Giachetti	Bonita Springs, FL 34134  Stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  The registered agent are:  Name
Bonita Springs, F  ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Registry Company cannot serve as its own an active Florida registration.)  the Florida street address of Lynn Giachetti  16689 Wellington Lake Ci	Bonita Springs, FL 34134  Stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  The registered agent are:  Name
Bonita Springs, F  ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Registry Company cannot serve as its own an active Florida registration.)  the Florida street address of Lynn Giachetti  16689 Wellington Lake Ci	Bonita Springs, FL 34134  stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  f the registered agent are:  Name

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SEGRETARY OF STATE
DIVISION OF CORPORATIONS

"MCD" = Manager	
"MGR" = Manager MGR	Keith Stone
	3301 Bonita Beach Road, Suite 300
	Bonita Springs, FL 34134
	<del></del>
<del></del>	
effective date is listed, the date n	an the date of filing: December 30, 2015 . (OPTIONAL) nust be specific and cannot be more than five business day
CLE V: Effective date, if other that effective date is listed, the date in days after the date of filing.)	nust be specific and cannot be more than five business day meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other that effective date is listed, the date in 0 days after the date of filing.) If the date inserted in this block does not not's effective date on the Department of	nust be specific and cannot be more than five business day meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other that effective date is listed, the date in 0 days after the date of filing.) If the date inserted in this block does not not's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	must be specific and cannot be more than five business day meet the applicable statutory filing requirements, this date will not be list State's records.
CLE V: Effective date, if other that effective date is listed, the date in 0 days after the date of filing.) If the date inserted in this block does not not's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execute I am aware that any false in the content of the content o	nust be specific and cannot be more than five business day meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other that effective date is listed, the date in 0 days after the date of filing.) If the date inserted in this block does not not's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execute I am aware that any false in the content of the content o	meet the applicable statutory filing requirements, this date will not be list State's records.  mber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. nformation submitted in a document to the Department of State

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-

Company: