

L16000071197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

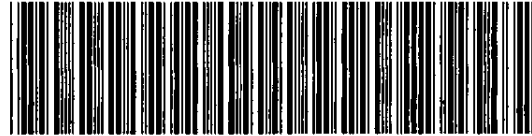
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/28/16--01032--012 **185.00

FILED
16 APR 11 PM 2:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

11/16 23091

MD 4/13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. P. P. HEALTH & HEALING 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:

JUDITH PROKOPIAK

(Contact Person)

JPP Health & Healing

(Firm/Company)

96019 Gravel Creek DR

(Address)

Yulee FL 32097

(City, State and Zip Code)

judy.prokopiak@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

JUDY PROKOPIAK

(Name of Contact Person)

at (678) 876-1284

(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

☒ \$185.00 Filing Fees,
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2016

JUDITH P. PROKOPIAK
96019 GRAVEL CREEK DR.
YULEE, FL 32097

SUBJECT: JPP HEALTH AND HEALING LLC
Ref. Number: W16000018118

We have received your document for JPP HEALTH AND HEALING LLC and check(s) totaling \$438.75. However, your check(s) and document are being returned for the following:

A "Foreign LLC" (GEORGIA) can file a "Conversion" to move from one state to another (FLORIDA).

A "Domestication" of an LLC only applies if the existing entity is out of the Country.

The fees to file the Certificate of Conversion and Articles of Organization total \$150.00 (\$25 filing fee for the Certificate of Conversion, \$100 filing fee for the Articles of Organization, and \$25 for the Registered Agent Designation). Enclose an additional \$30 for each certified copy requested and an additional \$5 for each certificate of status requested.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 716A00004989



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2016

JUDITH PROKOPIAK
96019 GRAVEL CREEK DR.
YULEE, FL 32097

SUBJECT: JPP HEALTH AND HEALING LLC.
Ref. Number: W16000023091

We have received your document for JPP HEALTH AND HEALING LLC. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 316A00006398

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

FILED
16 APR 11 PM 2:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Conversion **and attached Articles of Organization** 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:

JPP Health and Healing LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Georgia, USA

(Enter state, or if a non-U.S. entity, the name of the country)

on 11/23/2013

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

JPP Health and Healing LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 3/18/2016

(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.

Signed this 18 day of March 20 16.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Judith P. Prokopiak
Printed Name: JUDITH P. PROKOPIAK Title: owner/operator (MGRM)

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

~~Signature: [Signature]
Printed Name: JUDITH PROKOPIAK Title: MGRM~~

~~Signature: _____
Printed Name: _____ Title: _____~~

~~Signature: _____
Printed Name: _____ Title: _____~~

~~Signature: _____
Printed Name: _____ Title: _____~~

~~Signature: _____
Printed Name: _____ Title: _____~~

~~Signature: _____
Printed Name: _____ Title: _____~~

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NOTARY PUBLIC
STATE
OF FLORIDA

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JPP Health and Healing LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

96019 Gravel Creek DR
Yulee FL 32097

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Judith P. PROKOPIAK

Name

96019 Gravel Creek DR

Florida street address (P.O. Box **NOT** acceptable)

Yulee

City

FL

32097

Zip

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.

J Prokopiak

MGRM

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

owner/operator
AMBR, MGRM

Name and Address:

Judith P. Prokopiak
96019 Gravel Creek DR
Yulee FL 32097

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/18/16 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

J Prokopiak (MGRM)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Judith P. PROKOPIAK

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)