# L17000191568

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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T. BURCH SEP 1 4 2017

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#### COVER LETTER

TO:	New Filing S Division of C			
SUR.		reen Life Herbal I	LC.	
3 <b>() D</b> (	, <u> </u>	(Name of Re	sulting Florida Limited Cor	npany)
The e Busin	nclosed Article less Entity" into	es of Conversion, Artic o a "Florida Limited L	eles of Organization, ar iability Company" in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:	
A	ndre Friedn	er		
		(Contact Person)	<del></del>	
	<u></u>	(Firm/Company)	<del></del>	
145	Town Cente	er #617		
		(Address)		
Cort	e Madera, C	a 94925		
	(	City, State and Zip Code)		
ffre	d75@gmail.	com		
E-r	nail Address: (to b	e used for future annual re	port notifications)	
For fu	irther informati	on concerning this ma	tter, please call:	
Jon	Gardner		at ( 415 ) 383	3-3915
(Name of Contact Person)		act Person)	—····\———/———	time Telephone Number)
Enclo dollar	sed is a check to s and drawn on	or the following amou a bank located in the	nt: (All checks process United States)	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles enization)	□\$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
STRE	ET ADDRES	S:	MAILING A	ADDRESS:
New F	Filing Section		New Filing S	
	on of Corporat	ions	Division of C	orporations
	n Building	O: 1	P. O. Box 632	
206 L	Executive Cent	er Circle	Tallahaccee I	71 <b>7771</b> 4

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2017

ANDRE FRIEDNER 145 TOWN CENTER #617 CORTE MADERA, CA 94925

SUBJECT: GREEN LIFE HERBAL INC

Ref. Number: W17000066715

We have received your document for GREEN LIFE HERBAL INC 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.

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.

Tim Burch Regulatory Specialist III

Letter Number: 917A00016625

#### **Articles of Conversion**

For FILED

"Other Business Entity"
Into

## Florida Limited Liability Company

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: <b>Green Life Herbal Inc</b>
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <b>Corporation</b>
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 03/31/2017 (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Green Life Herbal LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this Seventh day of August	20_17		
Signature of Authorized Representative of Lim	nited Liability Company:		
Signature of Authorized Representative:  Printed Name: Andre Friedner	Title: MGMR		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)		
Signature: Andre Friedner Printed Name: Andre Friedner			
Printed Name: Andre Friedner	Title: Incorporator		
Signature:Printed Name:	Tid		
Timed Name.	Title,		
Signature:			
Signature: Printed Name:	Title:		
Signature:Printed Name:	Title		
Signature:			
Printed Name:	Title:		
Signature			
Signature:Printed Name:	Title:		
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or			
If Directors or Officers have not been selected, an Ir	icorporator must sign.		
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ity 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

RTICLE I - Name of the Lin	red Liability Company is:
Green Life He	
(Mus	ontain the words "Limited Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Add te mailing address	ess:  nd street address of the principal office of the Limited Liability Company is:
incipal Office A	ress: Mailing Address:
55 North Kendall Dr	#101 145 Town Center #617
amı, FL US 33176	Corte Madera, CA
<del></del>	94925
•	Name
	55 North Kendal Drive #101
	orida street address (P.O. Box <u>NOT</u> acceptable)
_	ami FL 33176
	City Zip
liability compa registered agent a statutes relating	as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as agree to act in this capacity. I further agree to comply with the provisions of at the proper and complete performance of my duties, and I am familiar with and tions of my position as registered agent as provided for in Chapter 605, F.S
	Registered Agent's Signature (REQUI

(CONTINUED)

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

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager	A - des 1º-de de -			
AMBR	Andre Friedner 9555 North Kendall Drive #101 Miami, FL 33176			
	3+3			
	1 f. S			
	<u></u>			
	<u> </u>			
	i i i i i i i i i i i i i i i i i i i			
(Heaptrachment if necessary)				
(Use attachment if necessary)				
CLE V: Other provisions, if any.				
orio violate, provisions, it any.				
REQUIRED SIGNATURE:				
Signature of a member or	r an authorized representative of a member			
This document is executed in accordance	te with section 605.0203 (1) (b), Florida Statutes. I am aware th			
as provided for in s.817.155, F.S.	ument to the Department of State constitutes a third degree felo			
A 1 1				
Andre Fried	Nev			
	vped 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)