L1700246600

(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:

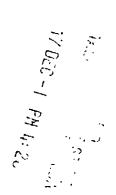
Office Use Only

M. MOON



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 936973 4311863

AUTHORIZATION

COST LIMIT : \$7150.00 Real

ORDER DATE : December 1, 2017

ORDER TIME : 9:32 AM

ORDER NO. : 936973-005

CUSTOMER NO: 4311863

DOMESTIC AMENDMENT FILING

NAME: NEARLY NATURAL INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing S Division of C					
SUBJECT: Nearly N	•				
SUBJECT:		sulting Florida Limit	ed Cor	npany)	
				nd fees are submitted to co ocordance with s. 605.104	
Please return all corr	espondence concernin	g this matter to:			
Ivy M. Shapiro, Paralega	al				
	(Contact Person)				
Blank Rome LLP					
	(Firm/Company)				
One Logan Square					
	(Address)				
Philadelphia, PA 19103					
	City, State and Zip Code)				
rsigner@nearlynatural.co	oin				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Ivy M. Shapiro		at (215	569-	5784	
(Name of Conta	act Person)	(Area Code)	(Day	stime Telephone Number)	
	for the following amou a bank located in the	•	roces	sed by this office must be	payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	110cC-1 PH 4:20
STREET ADDRES	S:	MAILE	NG A	ADDRESS:	
New Filing Section		New Fi			P
Division of Corporat	ions			Corporations	4
Clifton Building 2661 Executive Cent	or Circle	P. O. Be Tallaha		27 FL 32314	<i>.</i>
2001 CXCCutive Cent	CI CHCIC	1 1111111111111111111111111111111111111	SSCC.	FL 12314	(=

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

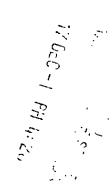
Florida Limited Liability Company

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: Nearly Natural Inc. (DO2(1505) \$567
Nearly Natural Inc. (Enter Name of Other Business Entity) (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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 Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
08/09/2002 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:
Nearly Natural, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
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.

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 day of December	20_17	
Signature of Authorized Representative of Limi	tod Liability Company:	
Signature of Authorized Representative:	a Sings	
Signature(s) on behalf of Other Business Entity: Signature:	See below for required signature(s)	
Signature: Printed Name: Robbie Singer	Title: President	
Printed Name: Robbie Singer	Title. Trestochi	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature: Printed Name:		
Printed Name:	Title:	
Signature: Printed Name:		
Printed Name:	_ Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an In-	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.		
All others:		2 5
Signature of an authorized person.		, be
Fees:		(-)
Articles of Conversion:	\$25.00	<u>~</u>
Fees for Florida Articles of Organization:	\$125.00	<u> </u>
Certified Copy:	\$30.00 (Optional)	, ,
Certificate of Status:	\$5.00 (Optional)	PH 4:20
		-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ıny is:	
Nearly Natural, LLC		
(Must contain the words "Limited	Liability Company, "L.L.C.," or "L.L.C.,")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
695 E. 10th Avenue	695 E. 10th Avenue	
Hialeah, FL 33010	Hialeah, FL 33010	
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o	stered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another of the registered agent are:	
Robbie Singer		
	Name	
79 NE 91st Street		
Florida street address	s (P.O. Box <u>NOT</u> acceptable)	
Miami Shores,	FL 33138	
City	Zip	
liability company at the place designeregistered agent and agree to act in this statutes relating to the proper and comaccept the obligations of my position Registered Agent	and to accept service of process for the above stated linated in this certificate, I hereby accept the appointment of capacity. I further agree to comply with the provisions of aplete performance of my duties, and I am familiar with a as registered agent as provided for in Chapter 605, F.S. Sagnature (REQUIRED)	as of <mark>a</mark> l and
	NTINUED)	·

ARTICLE IV-

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

'AMBR" = Authorized Member	
'MGR" = Manager	n 111 m
MGR	Robbie Singer
	79 NE 91st Street
	Miami Shores, FL 33138
	·
	
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance	e with section 605,0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance	r an authorized representative of a member the with section 605.0203 (1) (b), Florida Statutes. I am aware the ument to the Department of State constitutes a third degree felo
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