# L1800281245

(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:
Problem in Structures to Filling Officer:

Office Use Only

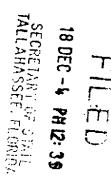
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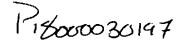
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## **COVER LETTER**

TO:	New Filing So Division of C					
		teria Company LLC.				
SUB.	JECT:		ulting Florida Limit	ed Con	npany)	<del></del>
		s of Conversion, Artic a "Florida Limited Li				
Pleas	e return all corre	espondence concerning	g this matter to:			
Stepho	en Puzyn					
	·	(Contact Person)				
Good	Bacteria Company			-		
		(Firm/Company)				
2808	1/2 Edgewater Driv					
		(Address)				
Orlan	do, FL 32804			_		
		City, State and Zip Code)				
	n@gmail.com					
E-	mail Address: (to b	e used for future annual re	port notifications)			
For f	urther informati	on concerning this ma	tter, please call:			
Steph	en Puzyn		_at (	\ <sup>242-2</sup>	2001	
	(Name of Conta	ict Person)	(Area Code)	(Day	ytime Telephone Number	)
		for the following amou a bank located in the		rocess	sed by this office mus	st be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	· •.
New Divis Clifte	EET ADDRES Filing Section sion of Corporat on Building Executive Cent	ions	New Fi Divisio P. O. B	iling S on of C ox 63	Corporations	18 DEC -4 SECRETARY OF

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:

The Good Bacteria Company

(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)
03/29/2018 on .
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Good Bacteria Company 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 30 day of Nor	vember 20 18 .
Signature of Authorized Repre	sentative of Limited Liability Company:
Signature of Authorized Represer Printed Name: Stephen Puzyn	ntative:Title President & Chairman
	Business Entity: [See below for required signature(s)]
Signature:	
Signature: Printed Name: Stephen Puzym	Title: President & Chairman
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chair	
If Directors or Officers have not be	een selected, an Incorporator must sign.
If Florida General Partnership of Signature of one General Partner.	or Limited Liability Partnership:
If Florida Limited Partnership o Signatures of <u>ALL</u> General Partne	or Limited Liability Limited Partnership: ers.
All others: Signature of an authorized person.	
Fees:	ž
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	;	
Good Bacteria Company LLC.		
(Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the property o	ringinal office of the Limited Lie	shility Company is:
The maning address and street address of the pi	incipal office of the Linned Lia	onity Company is.
Principal Office Address:	Mailing Address:	
2808 1/2 Edgewater Drive	2808 1/2 Edgewater Drive	
Orlando, FL 32804	Orlando, FL 32804	<del></del>
		<del></del>
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's	Signature:
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	stered Agent. You must designate an individ	lual or another
business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
Stephen Puzyn		
Nam	e	
2104 Killarney Drive	Not worth	
Florida street address (P.C	J. Box NOT acceptable)	
Winter Park	FL 32789	
City	Zip	
Having heen named as registered agent and t		
liability company at the place designated in	•	
registered agent and agree to act in this capac	· · ·	
statutes relating to the proper and complete		=
accept the obligations of my position as re	gisterea agent as providea for in ( —	Chapter 603, F.S
	×	
Registered Agent's Sign	POUR (PEOLUPED)	<del>.</del> = 1
registerent Agent 8 318	mature (NEQUINED)	18 SE
		CR.
(CONTIN	(UED)	- 23.

### **ARTICLE IV-**

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

2104 Killarney Drive Winter Park FL 32789  (Use attachment if necessary)  LE V: Other provisions, if any.	'MGR" = Manager			
Winter Park FL 32789  (Use attachment if necessary)  LE V: Other provisions, if any.	MGR	Stephen Puzyn - President		
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:				
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:				
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:				
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:				
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(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:				
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(Use attachment if necessary)  ELE V: Other provisions, if any.  REQUIRED SIGNATURE:				
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ELE V: Other provisions, if any.  REQUIRED SIGNATURE:	<del></del>			
ELE V: Other provisions, if any.  REQUIRED SIGNATURE:		72		
ELE V: Other provisions, if any.  REQUIRED SIGNATURE:		707		
REQUIRED SIGNATURE:	Use attachment if necessary)	A. C.		
REQUIRED SIGNATURE:	•			
REQUIRED SIGNATURE:				
	<b>E V:</b> Other provisions, if any.			
	REQUIRED SIGNATURE:			
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 awar	Signature of a member or a	n/authorized representative of a member		

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)