L19000136761

(Req	questor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



300329595923

05/20/19--01020--016 **185.00

C RICO
MAY 2 0 2019

COVER LETTER

TO: New Filing S Division of O					
SUBJECT: Innovation	•				
SUBJECT:		sulting Florida Limit	ed Cor	mpany)	
				nd fees are submitted to con accordance with s. 605.1045	
Please return all corr	espondence concerning	g this matter to:			
Myron Caton					
	(Contact Person)				
Innovation Naturals L.L	.C.				
	(Firm/Company)				
3301 SW 42nd Place					
	(Address)				10
Gainesville, FL 32608	(11001035)				19 HAY 20
	City, State and Zip Code)				20
myrondwightcaton@gm					
	be used for future annual re	mort notifications)			
					40 J
For further informati	ion concerning this ma	tter, please call:			7.
Myron Caton		at (352	665-9	9599	
(Name of Cont	act Person)		(Day	ytime Telephone Number)	
	for the following amount a bank located in the		roces	sed by this office must be p	ayable in US
\$150.00 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	
STREET ADDRES	S:	MAILI	NG 4	ADDRESS:	
New Filing Section		New Fi			
Division of Corporat	tions		_	Corporations	
Clifton Building		P. O. B	ox 63	27	

Tallahassee, FL 32314

2661 Executive Center Circle

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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Innovation Naturals L.L.C.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a L.L.C. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
May 02,2018
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Innovation Naturals L.L.C.
(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.
 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.

Signature of Authorized Representative:	
	on Cation
Signature of Authorized Representative: Myron Caton	Title: Managing Member
Signature(s) on behalf of Other Business Entitud	(See helesy for recovered signatures)
Signature(s) on behalf of Other Business Entity:	
Signature: Myson Caton Printed Name: Myron Caton	
Printed Name: Myron Caton	Title: Manager
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Artistas of Conversion	625.00
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Innovation Naturals L.L.C.				
(Must contain the we	ords "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:				
	address of the p	rincipal office of the Limited Lia	ability Company	
Principal Office Address:		Mailing Address:		
3301 SW 42nd Place		3301 SW 42nd Place		
Gainesville, FL 32608		Gainesville, FL 32608		
ARTICLE III - Registered Ag	gent, Registered	d Office, & Registered Agent's stered Agent. You must designate an individual of the control of	Signature:	
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg	erve as its own Regis istration.)	d Office, & Registered Agent's stered Agent. You must designate an individual	dual or another	
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg	erve as its own Regis istration.)	d Office, & Registered Agent's stered Agent. You must designate an individual	dual or another	
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street	erve as its own Regis istration.)	d Office, & Registered Agent's stered Agent. You must designate an individual registered agent are:	dual or another	
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street Myron Caton	erve as its own Regis istration.) address of the Nam	d Office, & Registered Agent's stered Agent. You must designate an individual registered agent are:	dual or another	
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street Myron Caton 3301 SW 42ne	erve as its own Regis istration.) address of the Nam	d Office, & Registered Agent's stered Agent. You must designate an individual registered agent are:	dual or another	
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street Myron Caton 3301 SW 42ne	erve as its own Regis istration.) address of the Nam	d Office, & Registered Agent's stered Agent. You must designate an individual registered agent are:	dual or another	

liability company at the place designated in this certificate, I hereby accept the appointment as egistered 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)

A	D	TI	CI	TL*	IV	
-	ж					_

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
Manager	Myron Caton
	3301 SW 42nd Place
	Gainesville, FL 32608
	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
(Give united in necession)	
ICLE V: Other provisions, if any.	vation Naturals L.L.C.
ICLE V: Other provisions, if any. IN is 825405613 of Wyoming formed Innov. REQUIRED SIGNATURE:	
ICLE V: Other provisions, if any. IN is 825405613 of Wyoming formed Innov. REQUIRED SIGNATURE: Signature of a member This document is executed in accorda	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware that
ICLE V: Other provisions, if any. IN is 825405613 of Wyoming formed Innov. REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a d	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware that occument to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a d as provided for in s.817.155, F.S.	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware that

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)