L20000169572

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Corps Biologics LLC	
(Name of Resulting Florida Li	mited Company)
The enclosed Articles of Conversion, Articles of Organiz Business Entity" into a "Florida Limited Liability Compa	
Please return all correspondence concerning this matter to	o:
Robert Fahy	
(Contact Person)	_
Corps Biologics LLC	
(Firm/Company)	
1493 E. Shores Blvd	
(Address)	
Gulf Breeze, FL 32563	
(City, State and Zip Code)	
rob@corpsbiologics.com	
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please cal	l:
Robert Fahyat (512	391-9569
(Name of Contact Person) (Area Co) 391-9569 (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks dollars and drawn on a bank located in the United States)	
□ \$150.00 Filing Fees (\$25 for Conversion and Certificate of and Certified Certificate of Status of Organization)	
Mailing Address: New Filing Section	Street Address: New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Corps Biologics LEC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(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)
2/2/2015
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Corps Biologics 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 16th	h day of <u>June</u>	20 <u></u>
Signature of A	uthorized Representative of Lin	mited Liability Company:
Signature of Ar	athorized Representative of Linushing and Representative:	2 V
Printed Name: R	Robert Fahv	Title: President
rimed riante.		Title. Tresterit
		: [See below for required signature(s)]
Signature: Z		
Printed Name:	ROBERS FAHY	Title: President
Signature;		Title:
rimed Name;		I ille:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Drinted Name:		Title:
rinica ivanie		inc.
Signature:		
Printed Name:_		Title:
If Florida Corp		
	airman, Vice Chairman, Director, o	
ii Directors or C	Officers have not been selected, an	Incorporator must sign.
II Flarida Gene	ral Partnership or Limited Liab	ility Partnership
	General Partner.	mey raratersmp.
_		
<u>If Florida Limi</u>	ted Partnership or Limited Liab	ility Limited Partnership:
Signatures of <u>AI</u>	LL General Partners.	
All others:	authorized person.	
orginature or an a	aumorized person.	
Fees:		
Articles	of Conversion:	\$25.00
Fees for	Florida Articles of Organization:	
Certified	d Copy:	\$30.00 (Optional)
Certifica	ate of Status:	\$5.00 (Optional)

:

Company:	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Manager	Robert Fahy
	1493 E. Shores Blvd
	Gulf Breeze, FL 32563
	
	
(Howattashmanni (Carananana)	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	

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

ARTICLE IV-

ART

as provided for in s.817.155, F.S.

Robert Fahy

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)

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 talse information submitted in a document to the Department of State constitutes a third degree felony

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	IN I	11	1.1			HILLY.

The name of the Limited Liability Company is:

Corps Biologics LLC

(Must contain 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:

rrincipal Office Address:	<u>Mailing Address:</u>		
Corps Biologics LLC	Corps Biologics LLC		
1493 E. Shores Blvd	1493 E. Shores Blvd		
Gulf Breeze, FL 32563	Gulf Breeze, FL 32563		

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:

Registered Agent LLC	
N	ame
7901 4th St N, STE 300	
Florida street address (P.O. Box <u>NOT</u> acceptable)
St. Petersburg	FL 33702
City	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)