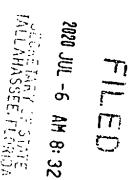


(Re	questor's Name)	
(Ad	ldress)	
,	·	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(5)	······································	
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
,	_	
		
Special Instructions to	Filing Officer:	
	<u></u> .	





07/07/20--01011--015 **150.00



COVER LETTER

TO: New Filing Section Division of Corporations			
·			
SUBJECT: ALLERGIES IN MIND LLC	Resulting Florida Limit	ed Company)	_
(Name of	Resulting Florida Limit	ed Company)	
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limite	~		
Please return all correspondence concer	ming this matter to:		
CASEY PETAK			
(Contact Person)			
ALLERGIES IN MIND LLC			2020
(Firm/Company)			
222 YAMATO RD, STE 106-220			
(Address)			
BOCA RATON, FL 33431			2020 JUL -6 AH 8: 32
(City, State and Zip Co	de)		, φ , ω
allergiesinmind@gmail.com			200
E-mail Address: (to be used for future annu	al report notifications)		
For further information concerning this	matter, please call:		
CASEY PETAK	at (_440	991-6697	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the following as dollars and drawn on a bank located in	•	rocessed by this office must	be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fe and Certificate of Status	es \$180.00 Filing and Certified Cop		
Mailing Address: New Filing Section		Street Address: New Filing Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: ALLERGIES IN MIND LLC
(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 it a non-U.S. entity, the name of the country)
05/05/2018 on .
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:
ALLERGIES IN MIND LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 7-14-2020
(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 22ND d	ay of JUNE	20	<u> </u>
Signature of Authorize	d Representative	of Limited Lia	bility Company:
		Page Pri	Digitally agried by Casey Petali DN crief asky Petali, is, bu
Signature of Authorized	Representative:	Mary Vetal	amali-keuhintegynat.com, cvUS Dese 2020.06.22 20:13:05 -04'00'
Printed Name: CASEY PE	TAK	Title:	Digitally signed by Casey Pertal DN concluses Pertal, ou con- separation-broadingspread.com; cel/5 Dates 207000.027 2013:05-04/007 CHIEF OPERATING OFFICER
Signature(s) on behalf o	f Other Business	Entity: See belo	ow for required signature(s)]
Signature:	Digitally signed by Casey Pet DR comCony Petat, is on, email-scoth-esting-gmul.com Date 2070.0s.22.20.17.57-04	4	
Signature:	Date: 2020.04.22.20:1757-04	roor	CHIEF EVECUTIVE OFFICED
Printed Name: Amy Petak	·	little:	CHIEF EXECUTIVE OFFICER
Signature:			
Printed Name:		Title:	
Printed Name:		Title:	
Signature:		·	
Printed Name:		litle:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida Corporation:			
Signature of Chairman, V	ice Chairman, Dir	ector or Officer	
If Directors or Officers ha			or must sign.
If Florida General Parti			<u>iership:</u>
Signature of one General	Partner.		
If Florida Limited Parti	nership or Limite	d Liability Limit	ed Partnership:
Signatures of ALL Gener	al Partners.		
All others: Signature of an authorize	d person.		
Fees:			
1 003.			
Articles of Conv	arcion:	\$25.00	٦

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE.	I - N:	ame:	
The name of	the	Limited I	Liahi

The name of the Limited Liability Company is:

ALLERGIES IN MIND 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:

Principal Office Address:	Mailing Address:
222 YAMATO RD	222 YAMATO RD
STE 106-220	STE 106-220
BOCA RATON, FL 33431	BOCA RATON, FL 33431

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:

InCorp Services, Inc.	
Na	me
17888 67th Court North	
Florida street address (P	P.O. Box NOT acceptable)
Loxahatchee	FL 33470
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..

> Vanissa Moon on behalf of InCorp Services, Inc.
> Registered Agent's Signature (REQUIRED) (CONTINUED)

ARTICLE IV-

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

'AMBR" = Authorized Member 'MGR" = Manager MGR	
	CASEY PETAK
	222 YAMATO RD, STE 106-220
	BOCA RATON, FL 33431
MGR	AMY PETAK
	222 YAMATO RD, STE 106-220
	BOCA RATON, FL 33431
	
Use attachment if necessary)	
,	
REQUIRED SIGNATURE:	4
Cosen Fit Description of the respect to Company Policy Company Pol	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, 1 am aware
Cosen Fit Description of the respect to Company Policy Company Pol	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, 1 am aware
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. CASEY PETAK	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware nent to the Department of State constitutes a third degree for
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. CASEY PETAK	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware nent to the Department of State constitutes a third degree feed or printed name of signee
Code of the Depth spend by Case (Dec on Care y Fish a construction between the construction of the PODOD. 27 2020 19 Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S. CASEY PETAK Typ	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, 1 am aware nent to the Department of State constitutes a third degree feed or printed name of signee Filing Fees
Code of the Depth spend by Case (Dec on Care y Fish a construction between the construction of the PODOD. 27 2020 19 Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S. CASEY PETAK Typ	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware nent to the Department of State constitutes a third degree feed or printed name of signee Filing Fees f Organization and Designation of Registered

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