# L 21 000135014

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
	<u> </u>	





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03/02/21--01020--010 \*\*159.00

#### **COVER LETTER**

Division of Corporations			
SUBJECT: TURN YOUR Shir	e on, LLC		
(Name of Res	sulting Florida Limited Cor	npany)	1
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Li	<del>-</del>		1
Please return all correspondence concerning	g this matter to		1
Tracey Odvand (Contact Person)			
(Connect refsort)			1
(Firn√Company)			\ 
330 3rd Street South,	ニーニー		
St. Petersburgh, FL 337 (City. State and Zip Code)	01		
turnyourshineon & gmail E-mail Address: (to be used for future annual rep	port notifications)		
For further information concerning this mat	ter, please call:		
(Name of Contact Person)	at ( <u>847</u> ) <u>2</u> (Area Code) (Day	time Telephone Number)	
Enclosed is a check for the following amound dollars and drawn on a bank located in the U		sed by this office must be	payable in US
S150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180,00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	7021 12
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New I Divisi The C 2415	t Address: Filing Section on of Corporations fentre of Tallahassee N. Monroe Street, Suite 8 nassee, FL 32303	0 (S)

## 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 fol "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.10 Statutes	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conve	rsion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Single Member Managed UC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or busin	ness trust, etc.)
First organized, formed or incorporated under the laws of	onntry)
on 2/12/2019 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organia.	ınization:
(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 of 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 list 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	amount to
- <del>-</del>	•

Certificate of Status:

\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Turn Your Shine On, 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 Li	ability Company is:
Principal Office Address: Mailing Address:	
7901 4th St N Ste 300 7901 4th St N St St. Petersburg, FL 33702 St. Petersburg, FL	re 300   - 33702
ARTICLE III - Registered Agent, Registered Office. & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualisess entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	
Registered Agents Inc Name	
7901 4th St N Ste 300	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
St. Petersburg FL 33702	
City Zip	1
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate. I hereby accept registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I descript the obligations of my position as registered agent as provided for in Registered Agent's Signature (REQUIRED)	the appointment as th the provisions of a am familiar with and

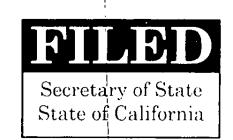
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
N.AA.Q.A	
AMBK	Tracey Ostrand
	330 3rd St 5, #411 St. Reersburg, FL 33701
	31. TERISTING, FL SSTOT
Use attachment if necessary)	
.E V: Other provisions, if any.	is to offer Weliness Services
.EV: Other provisions, if any.	is to offer Weliness Services
.E V: Other provisions, if any.	15 to offer Weliness Services
.EV: Other provisions, if any.	10 to offer Wellness Services
.EV: Other provisions, if any.	to offer Welmess Services
LE V: Other provisions, if any.  QUI POR OF THIS LICE  REQUIRED SIGNATURE:	
EV: Other provisions, if any.  Que of this Lic  REQUIRED SIGNATURE:  Signature of a metabor or a  This document is executed in accordance.	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am awar
EV: Other provisions, if any.  Que of this Lic  REQUIRED SIGNATURE:  Signature of a metabor or a  This document is executed in accordance.	an authorized representative of a member
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.	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am awar then to the Department of State constitutes a third degree
EV: Other provisions, if any.  Que to this Luc  REQUIRED SIGNATURE:  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.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am awar nent to the Department of State constitutes a third degree to the Department of State constitutes as the degree of the Department of State const
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.	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am awar then to the Department of State constitutes a third degree





#### LLC Registration – Articles of Organization

Entity Name:

TURN YOUR SHINE ON, LLC

Entity (File) Number:

201904610433

File Date:

02/12/2019

Entity Type:

Domestic LLC

Jurisdiction:

California

Detailed Filing Information

1. Entity Name:

TURN YOUR SHINE ON, LLC

2. Business Addresses:

a. Initial Street Address of

Designated Office in California:

1267 Willis Street STE 200

Redding, California 96001

**United States** 

b. Initial Mailing Address:

1267 Willis Street STE 200

Redding, California 96001

**United States** 

3. Agent for Service of Process:

REGISTERED AGENTS INC

(C3365816)

4. Management Structure:

All LLC Member(s)

5. Purpose Statement:

The purpose of the limited liability company is to engage in any lawful act

or activity for which a limited liability company may be organized under the

California Revised Uniform Limited Liability Company Act.

Electronic Signature:

The organizer affirms the information contained herein is true and correct.

Organizer:

Riley Park