L21000260735

| (Red | questor's Name) | _ |
|---------------------------|-------------------|-------------|
| | | |
| (Add | dress) | |
| | | |
| , /A d. | d\ | |
| JDA) | dress) | |
| | | |
| (City | //State/Zip/Phone | ÷ #) |
| | | |
| PICK-UP | MAIT | MAIL |
| | | |
| (Pur | ringes Entity Nam | 201 |
| (Bus | siness Entity Nam | ne) |
| | | |
| (Doc | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | - | |
| | | |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

111



700365628027

05/10/21--01027--015 **180.00



COVER LETTER

| TO: | New Filing Se Division of C | | | | | | |
|---|---|---|-----------------------------------|-----------------------|--|------------------|-----------------------------|
| SUBJI | ECT: Dr. Dave | 's Best LLC | | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | (Name of Res | sulting Florida Lim | ited Cor | npany) | | |
| | | s of Conversion, Artic a "Florida Limited Li | • | | | | |
| Please | return all corre | espondence concernin | g this matter to: | | | | |
| Couns | ei McCullen | | | | | | |
| | | (Contact Person) | | - | | | ~ |
| Busch | Mills & Slomka, | LLP | | | | | 621 |
| | | (Firm/Company) | | | | | |
| РО Во | x 54425 | | | | | | 2021 KAY 10 |
| | | (Address) | | _ | | (| |
| Atlanta | ı, Georgia 30308 | 3 | | | | | - 14 1 - 17 - |
| • | ((| City. State and Zip Code) | | _ | | | ch on |
| cmccul | llen@buschmills | s.com | | | | | 01 |
| E-m | ail Address: (to b | e used for future annual re | port notifications) | | | | |
| For fur | ther information | on concerning this ma | tter, please call: | | | | |
| Couns | el McCullen | | _at (_678 | 227- | 8920 | | |
| | (Name of Conta | ct Person) | (Area Code | (Day | ytime Telephone Number; | | |
| | | or the following amou a bank located in the | • | proces: | sed by this office mus | st be payab | le in US |
| (\$25 for & \$125 | 0.00 Filing Fees Conversion for Articles nization) | □\$155.00 Filing Fees and Certificate of Status | ■\$180.00 Filing and Certified Co | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | | |
| | Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I | ection orporations 7 | | New Divis The C | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Su | iite 8 10 | |

Tallahassee, FL 32303

ARTICLES OF CONVERSION FOR BIOSTEM WELLNESS, INC., A FLORIDA CORPORATION INTO DR. DAVE'S BEST LLC, A FLORIDA LIMITED LIABILITY COMPANY

These Articles of Conversion and the attached Articles of Organization are hereby submitted to the Florida Department of State to convert Biostem Wellness, Inc., a Florida corporation (the "Converting Entity"), into Dr. Dave's Best LLC, a Florida limited liability company (the "Converted Entity").

- 1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is Biostem Wellness, Inc. The Converting Entity is a Florida corporation first incorporated under the laws of the State of Florida on March 7, 2013 under the name Stem Cell Marketing, Inc. p1300021811
- 2. The name of the Converted Entity as set forth in the attached Articles of Organization is Dr. Dave's Best LLC. The Converted Entity will be a Florida limited liability company pursuant to the attached Articles of Organization.
- 3. The conversion shall be effective upon the date and time these articles and the attached Articles of Organization are accepted by the Florida Department of State.
 - 4. The plan of conversion has been approved in accordance with all applicable statutes.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Conversion as of the date set forth below

BIOSTEM WELLNESS, INC.

By: ______

Name: Michael Dopkowski

Title: Director
Date: May 3, 2021

ARTICLES OF ORGANIZATION OF DR. DAVE'S BEST LLC

ARTICLE I NAME

- 1. Name. The name of this limited liability company is Dr. Dave's Best LLC (the "Company").
- 2. Addresses. The street address of the principal office of the Company is: 401 E Las Olas Blvd., Suite 130-305, Fort Lauderdale, Broward County, Florida 33301. The Company's registered agent's name and registered address are Michael Dopkowski, 401 E Las Olas Blvd., Suite 130-305, Fort Lauderdale, Broward County, Florida 33301.
- 3. Management. The name and business addresses of the initial managers of the Company, which individuals are authorized to manage and control the Company, are:

Michael Dopkowski 401 E Las Olas Blvd., Suite 130-305 Fort Lauderdale, Florida 33301

Greg Older 401 E Las Olas Blvd., Suite 130-305 Fort Lauderdale, Florida 33301

4. Registered Agent Acceptance. 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, Statutes.

Michael Dopkowski

This document is executed in accordance with §605.0203(1)(b), Florida Statutes, I am aware that any false information submitted in a document to the Florida Department of State constitutes a third degree felony as provided in §807.155, Florida Statutes.

DR. DAVE'S BEST LLC

By: /// Name: Michael Dopkowski

Title: Authorized Representative

Date: May 3, 2021