

L21000333986

(Requestor's Name)

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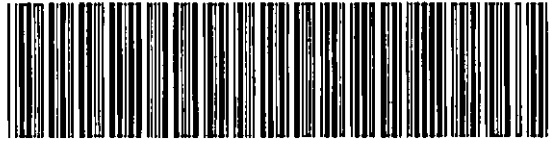
(Business Entity Name)

(Document Number)

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360 Central Avenue  
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Saint Petersburg, Florida 33701

**July 12, 2021**

Sent via First Class Mail  
**New Filing Section**  
**Division of Corporation**  
**The Centre of Tallahassee**  
**2415 North Monroe Street**  
**Suite 810**  
**Tallahassee, FL 32303**

**RE: Levels Nutrition LLC**

Dear Secretary of State,

Enclosed are the **(i)** Certificate of Conversion for "Other Business Entity" into a Florida Limited Liability Company, **(ii)** the Articles of Organization for Levels Nutrition LLC, and **(iii)** check # 1341 totaling **\$155** for the filing fees and Certificate of Status.

If there are any issues, please contact:

Name:	Ada Reyes
Firm:	FL Patel Law PLLC
Address:	360 Central Avenue, STE 800
City, State & Zip:	St. Petersburg, FL 33701
Phone:	727-279-5037
E-mail:	<u>Support@flpatellaw.com</u>

Very Truly,

Ada Reyes  
Corporate Paralegal & Support

**CERTIFICATE OF CONVERSION**

**FOR**

**"OTHER BUSINESS ENTITY"**

**INTO**

**FLORIDA LIMITED LIABILITY COMPANY**

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This Certificate 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 § 605.1045 Fla. Stat. (2020).

1. The name of the "Other Business Entity" immediately prior to the filing of this Articles of Conversion is: Levels Nutrition LLC.
2. The "Other Business Entity" is a Limited Liability Company first organized under the laws of the State of New Jersey.
3. The "Other Business Entity" was formed on July 14, 2016.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Levels Nutrition LLC.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this July 2, 2021.

Signature of the Authorized Representative of the Limited Liability Company:

Signature: Blake Niemann  
Blake Niemann, Manager

Required Signatures on behalf of the Other Business Entity:

Signature: Blake Niemann  
Blake Niemann, Manager

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**FOR**  
**LEVELS NUTRITION LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: Levels Nutrition LLC (the "Company").

**ARTICLE II.**  
**Address**

The principal office and mailing address of the Company is:

201 N US Highway 1  
STE D10 #1020  
Jupiter, Florida 33477

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Blake Niemann  
201 N US Highway 1  
STE D10 #1020  
Jupiter, Florida 33477

*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.*

*Blake Niemann* (sign)  
Blake Niemann

**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Blake Niemann 201 N US Highway 1 STE D10 #1020 Jupiter, Florida 33477

**ARTICLE V.**

The Effective date shall be the date of filing.

Blake Niemann (sign)

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 false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

Blake Niemann

Authorized Representative/Member

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