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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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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:
BRIGHTEN ESSENTIALS, LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
02/28/2019
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BRIGHTEN ESSENTIALS, 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 fisted 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 31st day of January	20_22
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: Manager
Signature(s) on behalf of Other Business Entity:	
A	
Signature: Printed Name: Bryce Hamrick	Title: Manager
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Printed Name:	
Signature:	<u></u>
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
lf Florid <u>a General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
<u> If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00

Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional) 2022 FEB -3 FH 2: 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	mpany is:
BRIGHTEN ESSENTIALS, LLC_	
(Must contain the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	s of the principal office of the Limited Liability Company is: Mailing Address:
5000-18 US Hwy 17 S	5000-18 US Hwy 17 S
PMB 836	PMB 836
Fleming Island, FL 32003	Fleming Island, FL 32003
ARTICLE III - Registered Agent, R	

The name and the Florida street address of the registered agent are:

Jones Foster Service LLC	
Ni	ımc
505 S. Flagler Drive, Suite	1100
Florida street address (f	P.O. Box NOT acceptable)
West Palm Beach	FL 33401
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)

ARTICLE IV-

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

<u> Fitle:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Davis Homeick
MGR	Bryce Hamrick 5000-18 US Hwy 17 S, PMB 836
	Fleming Island, Florida 32003
MGR	Jolene Brighten
	5000-18 US Hwy 17 S, PMB 836
	Fleming Island, Florida 32003
(Use attachment if necessary)	
(Use attachment if necessary)	
•	
(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordar any false information submitted in a do	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes, I am aware cument to the Department of State constitutes a third degree f
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	oce with section 605,0205 (1) (b). Prorted Statutes, 1 and aware cument to the Department of State constitutes a third degree f
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordar any false information submitted in a document as provided for in s.817.155, F.S.	real with eachon 605 0 /05 (1 1 1 1 b) Profile Statutes, I am award

The State of



Washington

Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

BRIGHTEN ESSENTIALS, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/28/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/02/2022 UBI Number: 604 411 629



Given under my hand and the Seal of the State—? of Washington at Olympia, the State Capital

She Mobbie

Steve R. Hobbs, Secretary of State

Date Issued: 02/02/2022