L22000100538

(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:

Office Use Only

W22000041943



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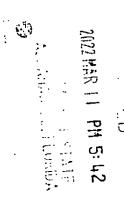


March 31, 2022

KAYLEE MCCLENDON 1285 J D MILLDER RD C308 SANTA ROSA BEACH, FL 32459 US

SUBJECT: SOULTERRA HEALING LLC

Ref. Number: W22000041943



We have received your document for SOULTERRA HEALING LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Coates Brianna Regulatory Specialists II

Letter Number: 722A00007559

www.sunbiz.org

COVER LETTER

Division of Corporations			
SUBJECT: SOUTEVEA HEALT (Name of Resulting Florida Limit	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Conversion, Articles of Organizati Business Entity" into a "Florida Limited Liability Company			
Please return all correspondence concerning this matter to:			
Kaylee McClendon (Contact Person) Soulterra healing L (Firm/Company) 1285 J D Miller Rd (3)	202 MAR I PH		
(Address) Somta Roja Beach FL (City. State and Zip Code) Connect Q Soutevra Me E-mail Address: (to be used for future annual report notifications)	32459		
For further information concerning this matter, please call:			
(Name of Contact Person) at (1) (Area Code)	(Daytime Telephone Number)		
Enclosed is a check for the following amount: (All checks p dollars and drawn on a bank located in the United States)	processed by this office must be payable in US		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	<u> </u>		
Mailing Address:	Street Address:		
New Filing Section	New Filing Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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: (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>domestic limited liwility composition</u> , limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 3 8 2 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SOUTErra Healing LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 3 8 22. (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.
M21000007699

Signed this 8 day of March	_20 <u>22</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Kuyler McClendon	Ce Musser	er_
Signature(s) on behalf of Other Business Entity: [See below for required signatu	ure(s)
Signature: Kayler McClendon Printed Name: Kayler McClendon		- Min
Printed Name: Kuylee McClendon	Title: <u>(lo ^ ;</u>	MGR.
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liability	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		. <u></u>
Fees:		2022 MAR 11
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	4R 11 PM 5: 42

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Souterra Healing 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:			
285 J D Miller Rd Sume S			
The name and the Florida street address of the registered agent are:			
Kaylee McClendon Name 1285 TD Miller Rd (308)			
Florida street address (P.O. Box NOT acceptable) Somta Rosa Benefit 32459 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			

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)

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

<u>Title:</u>	Name and Address: Kaylee Mcclendon			
"AMBR" = Authorized Member				
"AMBR" = Authorized Member "MGR" = Manager	1285 JD Miller Rd (308 Janta Rosa Brach FL 32459			
				
				
(Use attachment if necessary)	7022			
RTICLE V: Other provisions, if any.	022 MAR 1			
REQUIRED SIGNATURE:	5: L 2			
Kayle D	1 Clars			
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony			
Kaylee	mcClendon ped or printed name of signee			
Тур	ped or printed name of signee			

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)