

| (Requestor's Name) | | |
|-------------------------|-------------------|---------------|
| | | |
| (Address) | | |
| | | |
| (Ad | dress) | |
| (| , | |
| | | |
| (Cit | y/State/Zip/Phone | 9 #) |
| D DIGIT LID | | — |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | - |
| (23 | | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| - 2 | 10011 | 15, / |
| WARO | 1004 let | 234 1 |
| WWW. | | |

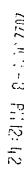




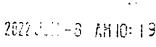
900385985139

04/21/22--01009--011 **185.00









- -7:046 - 15:0141 - 3:006

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2022

ALISHA PUCKETT 13300 ATLANTIC BLVD APT 2020 JACKSONVILLE, FL 32225

SUBJECT: LIVING PURELY LLC Ref. Number: W22000066034

We have received your document for LIVING PURELY LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Karen Lovelace Regulatory Specialist II

Letter Number: 622A00011494

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 Stantes.

| Statutes. | |
|---|-----------------------------------|
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Ar Living Purely LLC | ticles of Conversion is: |
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a LLC | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, cor | nmon law or business trust, etc.) |
| First organized, formed or incorporated under the laws of | the country's |
| (isher state) of the non-state carry | , the name of the country) |
| March 19, 2018 on | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached A | Articles of Organization: |
| Living Purely LLC | |
| (Enter Name of Florida Limited Liability Company) | <u> </u> |
| 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 that 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 document's effective date on the Department of State's records. | |
| 5. The plan of conversion has been approved in accordance with all applicable statut | es. |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having app which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S. | oraisal rights the amount to |
| | |
| | |
| | |
| | . : |
| | · <u></u> |

| Signed this 6 day of April | 20_22 |
|---|--|
| Signature of Authorized Representative of Limit | |
| Signature of Authorized Representative: AUSh Printed Name: AliSha Puckett | A FULLIANT GEL |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: MRM Puckett Printed Name: Alisha Puckett | Title: Rithonzed Peplounds |
| Signature:Printed Name: | _ Title: |
| Signature:Printed Name: | _ Title: |
| Signature: Printed Name: | Title: |
| 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 Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| = | - Name: he Limited Liability Comp | rany is: |
|--|---|---|
| Living Purely L | | |
| | (Must contain the words "Limite | d Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II The mailing a | | f the principal office of the Limited Liability Company is: |
| Principal Off | ice Address: | Mailing Address: |
| 13300 Atlantic Jacksonville, F | | |
| (The Limited Liab | ility Company cannot serve as its ov | gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another |
| (The Limited Liab business entity w | ility Company cannot serve as its or ith an active Florida registration.) the Florida street address | wn Registered Agent. You must designate an individual or another |
| (The Limited Liab business entity w | ility Company cannot serve as its or ith an active Florida registration.) | wn Registered Agent. You must designate an individual or another |
| (The Limited Liab business entity w | ility Company cannot serve as its or ith an active Florida registration.) the Florida street address of Alisha Puckett 13300 Atlantic Blvd Ap | of the registered agent are: Name |
| (The Limited Liab business entity w | ility Company cannot serve as its or ith an active Florida registration.) the Florida street address of Alisha Puckett 13300 Atlantic Blvd Ap | of the registered agent are: Name of 2020 ss (P.O. Box NOT acceptable) |
| (The Limited Liab business entity w | ility Company cannot serve as its or ith an active Florida registration.) the Florida street address of Alisha Puckett 13300 Atlantic Blvd Ap | of the registered agent are: Name |

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)

| A | D | TI | C | П | 17 | E١ | :_ |
|---|----|----|---|---|-----|----|----|
| | 11 | | | | Ι'. | | |

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

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| MGR | Alisha Puckett |
| | 13300 Atlantic Blvd Apt 2020 |
| | Jacksonville, FL 32225 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ICLE V: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | 11. |
| AVSIVA DATA | itt |
| - Cond of Car | |
| Signature of a member or | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the |
| any false information submitted in a docu- as provided for in s.817.155, F.S. | ment to the Department of State constitutes a third degree feld |
| Alisha Puckett | |
| | ped or printed name of signee |
| • • | Filing Fees |
| \$125.00 Filing Fee for Articles of | of Organization and Designation of Registered A |
| \$ 30.00 Certified Copy (Option | |
| •••• | ⊒: |
| | |





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

1, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that,

LIVING PURELY LLC

ACC file number | L22705440

was incorporated under the laws of the State of Arizona on 03/19/2018, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHERDOU. Thave hereunto set my hand, affixed the official scal of the Arizona. Corporation Commission, and issued this Certificate on this date. 02/07/2022

Matthew Neubert, Executive Director

