# L2200293880

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Account#: I20000000088

Date: June 30, 2022	Account#. 12000000000
Name: James Brodbeck	
Reference #: 1707908	
Entity Name: HEALERVERSI	ELLC
Articles of Incorporation/Authorization to	Transact Business
Amendment	
☐ Change of Agent	
Reinstatement	
✓ Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$150.00	
Signature:	

+1.212.947.7200

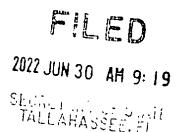
## Articles of Conversion

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.

All Abundance, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
May 19, 2021 on
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Healerverse 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.)
<u>Note:</u> 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.

Signed this 25th day of June	
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: /s/Patricia Printed Name: Patricia Kane	Kane
Printed Name: Patricia Kane	Title: Member
Signature(s) on behalf of Other Business Entity: [	See below for required signatur
Signature: /s/Patricia Kane	
Signature: Patricia Kane Printed Name: Patricia Kane	Title: Member
Signatura	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	TC'A1
rrinted Name:	riue:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida <u>General Partnership or Limited L</u> iabili	ty Partnership:
Signature of one General Partner.	·
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:
Signatures of ALL General Partners.	17 Emilieur ar enersings
All others:	
All others: Signature of an authorized person.	
·	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HEALERVERSE	11.0			
		ited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - The mailing add		of the principal office of the Limited	l Liability Com	npany is:
Principal Office	e Address:	<b>Mailing Address:</b>		
16687 Hidden Co	ove Drive	16687 Hidden Cove Drive		
Jupiter, FL 33477	,	Jupiter, FL 33477		
	Patricia Kane  16687 Hidden Cove		SHOW AHASSES	
		over (D.O. Day NOT againstable)		و (0 ق
	Florida street addr	<del></del> ·	<u>∹</u> . '	_
	Florida street addr Jupiter City	FL 33477	<del></del> - '	

(CONTINUED)

### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Petricia Kana
AMBR	Patricia Kane 16687 Hidden Cove Drive
	Jupiter, FL 33477
	Jupiter, FL 33477
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(Use attachment if necessary)	Ţ
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LE V: Other provisions, if any.	
	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE:	
/s/ Patricia Kane	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awarment to the Department of State constitutes a third degree
Patricia Kane	
Ту	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)