123000033258

(Requ	iestor's Name)	
(Address)		
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Document Number)		
rtified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
W23000003659		

Office Use Only



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SECRETARY OF STATE

FILED
23 JAN -1, AM 6: 148



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2023

JENNIFER LB ROBINS 4304 W JETTON AVE TAMPA, FL 33629

SUBJECT: LEGIT BREAD COMPANY LLC

Ref. Number: W23000003659

We have received your document for LEGIT BREAD COMPANY 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):

An individual must sign on behalf of the business entity you have designated as the registered agent.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 523A00000857

SECRLIARY OF SIME

FILED



COVER LETTER

New Filing Section Division of Corporations				
CT: Legit Bread Company LLC				
	sulting Florida Lim	nited Cor	npany)	
closed Articles of Conversion, Articles Entity" into a "Florida Limited Loreturn all correspondence concernir	iability Compan	ıy" in a		
er LB Robins				
(Contact Person)		_		
Bread Company				
(Firm/Company)		_		
W Jetton Ave				
(Address)	 -			23 TALL
pa, FL 33629				
(City, State and Zip Code)		_		JAN -1, A CRETARY D LAHASSFE
ifer@predomiinantlypaleo.com				
-mail Address: (to be used for future annual re-	eport notifications)			* 3
further information concerning this ma	atter, please call			1 6: 48 8 4: 9
nifer Robins	at (⁵⁰¹	₎ 551-	0904	٠.
(Name of Contact Person)	(Area Cod	e) (Da	ytime Telephone Numbe	er)
closed is a check for the following amo llars and drawn on a bank located in the		proces	sed by this office m	ust be payable in US
\$150.00 Filing Fees 5 for Conversion \$125 for Articles Organization) \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	_	\$185.00 Filing Fee Certified Copy, and Certificate of Status	es,
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New Divis	et Address: Filing Section sion of Corporations Centre of Tallahasse N. Monroe Street, S	e

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

icles of Conversion and attached Articles of Organization are submitted to convert the following Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida

name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ead Company LLC M21000002393	
(Enter Name of Other Business Entity)	
"Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et	 tc.)
ganized, formed or incorporated under the laws of	
5/2016	
e of organization, formation or incorporation)	П
name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	-
read Company, LLC	17
(Enter Name of Florida Limited Liability Company) ot effective on the date of filing, enter the effective date: January 1, 2023 ffective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after this document is filed by the Florida Department of State.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the not's effective date on the Department of State's records.	
plan of conversion has been approved in accordance with all applicable statutes.	
"Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to chosuch members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	.О

	_		
Signed this 30 day of December	20 22		
Signature of Authorized Representative of Limit	ted Liability Company;		
Signature of Authorized Representative: Printed Name: KM If Work Work	Title: Pressident		
Strengture () (on helmling to there Business-Entity,	स्ट म्हांक्यांकर स्तृतीहरी वीवार कार (१)]		
Signatures Painte(Name)	The second secon		
Signature: Printed Name: Antrow J. Marth Jr	Title: Royk Esch Agat		
Signature: Printed Name:			
Signature:Printed Name:	_ Title:		
Signature: Printed Name:	_ Title:		
Signature:	Title:	23 SE	
Printed Name:	_ Tide	ECS B 5	T
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.	JAN -1 A	FILE
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	AM 6: 48	J
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	<u> </u>	
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

ARTICLE I - Name: The name of the Limited Liability Company is:					
(Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Lim	ited Liability Company is:				
Principal Office Address: Mailing Address:					
Tunga Fr 33629 Tunga Fr	33629				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limite					
The name and the Florida street address of the registered agent are:	Tr.: 2				
Andraw Mayts Name	F. 3 - T				
Name	23 JAN -L AM 6: 48 23 JAN -L AM 6: 48 SECRE LARGE LE FRONCIO				
Florida street address (P.O. Box NOT acceptable)	SSE T				
Florida street address (P.O. Box NOT acceptable)					
City Thupa FL 33602	108 2017 91.51				
	• •				
Having been named as registered agent and to accept service of process liability company at the place designated in this certificate, I hereby registered agent and agree to act in this capacity. I further agree to constatutes relating to the proper and complete performance of my daties accept the obligations of my position as registered agent as provide Registered Agent's Signature (RHQUIRED)	mply with the provisions of all s. and I am familiar with and				
(CONTINUED)					

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) **CLE V:** Other provisions, if any. **REQUIRED SIGNATURE:**

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.

Typed 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)