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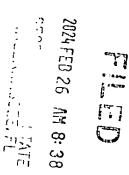
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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16

COVER LETTER

| Division of C | | | | |
|--|--|------------------------------------|---|---|
| SUBJECT: Upful Bk | ends, LLC | | | |
| 50bgEC1 | (Name of Res | sulting Florida Limit | ed Company) | <u></u> |
| | | _ | on, and fees are submitt in accordance with s. | ed to convert an "Other 605.1045, F.S. |
| Please return all corre | espondence concernin | g this matter to: | | |
| Melody E. Cobbe, Esq |) . | | | |
| | (Contact Person) | | • | |
| Cobbe Law | | | | |
| - | (Firm/Company) | | • | |
| 980 North Federal Hig | hway, Suite 110 | | | |
| | (Address) | | • | |
| Boca Raton, FL 33432 | ? | | | |
| ((| City, State and Zip Code) | | • | |
| mcobbe@cobbelaw.co | om | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | • | |
| For further information | on concerning this ma | tter, please call: | | |
| Melody E. Cobbe, Esq | j, | . , 561 | 、922-9661 | |
| (Name of Conta | • | ai (| (Daytime Telephone Num | ber) |
| | or the following amou a bank located in the | | processed by this office r | nust be payable in US |
| ■ \$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155,00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Cop | _ | i |
| Mailing Addr New Filing Some Division of C P.O. Box 632 Tallahassee, I | ection orporations 7 | | Street Address: New Filing Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303 | see 🗄 🗒 🔩 |

INHS11 (7/17)

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.

| Statutes. | |
|---|------------------------------|
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles Uptul Blends, Corp 23000 49702 | s of Conversion is: |
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common | law or business trust, etc.) |
| First organized, formed or incorporated under the laws of | rante of the country) |
| November 14, 2018 | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Article Upful Blends, LLC | les of Organization: |
| (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 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 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 appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | l rights the amount to |
| | 2024 FEB 26 // |

| 16 February Signed this day of | 24 | | |
|---|---|------------------------|--|
| Signed this day of | | | |
| Signature of Authorized Representative of Lim | | | |
| Signature of Authorized Representative: | Chantel Robertson | | |
| Signature of Authorized Representative: Printed Name: Chantel S. Robertson | Title: CEO | _ | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] | | |
| Signature: Chantel S. Robertson | | _ | |
| Printed Name: Chantel S. Robertson | Title: AMBR | - | |
| Signature:Printed Name: | | _ | |
| Printed Name: | Title: | _ | |
| Signature:Printed Name: | 77°.1 | _ | |
| 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 If Directors or Officers have not been selected, an Ir | | | |
| | | | |
| If Florida General Partnership or Limited Liabil Signature of one General Partner. | <u>ity Partnership:</u> | | |
| If Florida Limited Partnership or Limited Liabil | ity Limited Partnershin | | |
| Signatures of <u>ALL</u> General Partners. | ny Emitted Cartifersing. | | |
| All others: | | 20. m.= | |
| Signature of an authorized person. | | 7021 | |
| Fees: | | 2024 FEB ; | FEE |
| Articles of Conversion: | \$25.00 | 26 | į van |
| Fees for Florida Articles of Organization: | \$125.00 \$20.00 (Optional) | WE S: 31 | [:] |
| Certified Copy: Certificate of Status: | \$30.00 (Optional) \$5.00 (Optional) | 1711 1711 18: 38 | ************************************** |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Upful Blends, LL0 | С | | | |
|---|--|---|--------------------------------|-------|
| (| (Must contain the words "Limited Lia | bility Company, "L.L.C.," or "LLC.") | <u>-</u> | |
| ARTICLE II | Address: | | | |
| The mailing add | ress and street address of the | e principal office of the Limite | d Liability Compan | y is: |
| Principal Office | e Address: | Mailing Address: | | |
| 1700 Banks Rd # | / 20 | 1700 Banks Rd #20 | | |
| | | | | |
| (The Limited Liability | Registered Agent, Registe | Margate, FL. 33063 red Office, & Registered Agegistered Agent. You must designate an | ent's Signature; | cı—s |
| ARTICLE III - (The Limited Liability business entity with | Registered Agent, Registery Company cannot serve as its own Rean active Florida registration.) ne Florida street address of the | red Office, & Registered Ag egistered Agent. You must designate an | individual or mother FEB 26 | T |
| ARTICLE III - (The Limited Liability business entity with | Registered Agent, Registery Company cannot serve as its own Rean active Florida registration.) The Florida street address of the Chantel S. Robertson | red Office, & Registered Ag egistered Agent. You must designate an | individual or mother FEB 26 NM | |
| ARTICLE III - (The Limited Liability business entity with | Registered Agent, Registery Company cannot serve as its own Rean active Florida registration.) The Florida street address of the Chantel S. Robertson | red Office, & Registered Ag egistered Agent. You must designate an ne registered agent are: | individual or mother FEB 26 NM | _ |
| ARTICLE III - (The Limited Liability business entity with | Registered Agent, Registery Company cannot serve as its own Rean active Florida registration.) The Florida street address of the Chantel S. Robertson No. 1700 Banks Rd #20 | red Office, & Registered Ag egistered Agent. You must designate an ne registered agent are: | individual or mother FEB 26 | _ |
| ARTICLE III - (The Limited Liability business entity with | Registered Agent, Registery Company cannot serve as its own Rean active Florida registration.) The Florida street address of the Chantel S. Robertson No. 1700 Banks Rd #20 | red Office, & Registered Ag egistered Agent. You must designate an ne registered agent are: | individual or mother FEB 26 NM | _ |

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..

Chantel Robertson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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 | |
| AMBR | Chantel S. Robertson |
| | 1700 Bank Rd #20 |
| | Margate, FL. 33063 |
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| Use attachment if necessary) | Ţ., |
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| LE V: Other provisions, if any. | |
| | |
| | |
| | |
| SECURED SIGNATURE | |
| REQUIRED SIGNATURE: | ntel Robertson |
| o, ac | Total |
| | |
| Signature of a member or | an authorized representative of a member |
| This document is executed in accordance | e with section 605.0203 (1) (b), Florida Statutes. I am aware |
| any false information submitted in a docu | iment to the Department of State constitutes a third degree f |
| as provided for in s.817.155, F.S. | |
| Chantel S. Robertson | |
| | and as seized some of signer |

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)