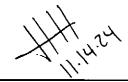
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(5)
(Requestor's Name)
(Address)
(Āddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE
OUT OF STATE

#### COVER LETTER

TO: New Filing Section Division of Corporations

Faithful Rites Nutrition LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Natalie Bartos

(Contact Person)

Faithful Bites Nulvition LLC

(Firm/Company)

2830 Caribbean Isk Blvd, Unit 305

(Address)

Melbourne, FL, 32935 (City, State and Zip Code)

natatie (2) faith ful bites nutrition. Com
E-mail Address. (to be used for future annual report notifications)

For further information concerning this matter, please call:

Natalic Bartos

Enclosed is a check for the following amount. (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150 00 Filing Fees (\$25 for Conversion

図\$155.00 Filling Fees and Certificate of

Status

☐\$180.00 Filing Fees and Certified Copy

☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status

& \$125 for Articles of Organization)

Mailing Address:

**New Filing Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Conversion

For

### "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with \$.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Body and Mind NUTY Hon 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 <u>Illivois</u> (Enter state, or if a non-U.S. entity, the name of the country)	
on May 12th 2023 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Faithful Bites Nutrition 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.)  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	

Signed this 28 day of October	20_24
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative N. Por Printed Name: Natalie Boytos	aran
Printed Name: Natalie Boytos	Tille. Founder
Signature(s) on behalf of Other Business Entity:	
Signature. N. Baron Printed Name: Natalie Paytos	
Printed Name: Natalie Baytos	Title: Founder
Signatura	
Signature: Printed Name.	Title:
Signature. Printed Name:	Tista
Printed Name;	ntte.
Signature:Printed Name:	
Printed Name:	Tide;
Simplura	
Signature:Printed Name:	Title:
Signature Printed Name	Title:
Trinted Name	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
If Directors of Officers have not been selected, an in-	corporator thust sign
If Florida General Partnership or Limited Liabili	ty Parmership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners	ty Limited Partnership;
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion.	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy.	\$30.00 (Optional)
Certificate of Status:	\$5 00 (Optional)

Service of the

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Compa	ny is.
Faithful Bites Nutr	itan II (
	Liability Company, "L.I. C.," or "L.I.C.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
2830 Caribbean Isle Blud	2830 Caribbean Isle Blvd
unit 305	unit 305
Mc160vrne, FL, 32935	Meibourne, Fl , 32935
	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another
The name and the Florida street address of	f the registered agent are:
Natalic B	artos
	Name

1930 Caribbean Isle Blvd, Unit 305
Florida street address (P.O. Box NOT acceptable)

Melbourne FL 32935

Melbourne FL 32935 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 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)

"MGR" - Manager AMBP	Natolie Barius
	1830 Caribbean Isl. Bird, Uni Mc180Urnl, FL, 32a35
<del></del>	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
n. Barry	
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes 1 am aware ment to the Department of State constitutes a third degree f

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)

\$ 5.00 Certificate of Status (Optional)