

M18000010968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

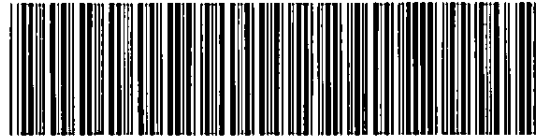
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400408651114


FILED

2008 JUL 17 PM 12:46
CLERK OF STATE
TALLAHASSEE, FL



2008 JUL 17 AM 11:58
CLERK OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 751854 6729A
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : May 15, 2023
ORDER TIME : 10:59 AM
ORDER NO. : 751854-045
CUSTOMER NO: 6729A

FOREIGN FILINGS

NAME: RELISH LABS LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Relish Labs LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

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2020 DEC 17 PM 12:46
CLERK OF STATE
TALLAHASSEE, FL

2. The Florida document number of this limited liability company is: M18000010968

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 5, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

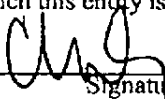
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Ohio

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Christine S. Wheatley

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2020 JUN 17 PM 12:46
CLERK OF STATE
TALLAHASSEE, FL

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF CONVERSION OF "RELISH LABS LLC",
FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF MAY, A.D. 2023, AT
8:02 O'CLOCK A.M.



6156277 8100
SR# 20232072782

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203353130
Date: 05-16-23

**STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A DELAWARE LIMITED LIABILITY COMPANY
TO A NON-DELAWARE ENTITY
PURSUANT TO SECTION 18-216 OF
THE LIMITED LIABILITY COMPANY ACT**

1.) The name of the Limited Liability Company is Rellish Labs LLC

(If changed, the name under which it's certificate of formation was originally filed: _____)

2.) The date of filing of its original certificate of formation with the Secretary of State is October 11, 2016

3.) The jurisdiction in which the business form, to which the limited liability company shall be converted, is organized, formed or created is Ohio

4.) The conversion has been approved in accordance with this section;

5.) The limited liability company may be served with process in the State of Delaware in any action, suit or proceeding for enforcement of any obligation of the limited liability company arising while it was a limited liability company of the State of Delaware, and that it irrevocably appoints the Secretary of State as its agent to accept service of process in any such action, suit or proceeding.

6.) The address to which a copy of the process shall be mailed to by the Secretary of State

is The Kroger Co. ATTN: Law Department
1014 Vine Street
Cincinnati, OH 45202

In Witness Whereof, the undersigned have executed this Certificate of Conversion on this 16th day of May, A.D. 2023.

By: 
Authorized Person

Name: Christine Wheatley
Print or Type



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/16/2023	202313600984	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

NATIONAL SERVICE INFORMATION, INC.
145 BAKER STREET
MARION, OH 43302

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
4232140

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
RELISH LABS LLC

and, that said business records show the filing and recording of:

Document(s)

Conversion Within SOS Records

Document No(s):

202313600984

Effective Date: **05/16/2023**

CHANGE BUSINESS TYPE OH LLC



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
16th day of May, A.D. 2023.

Ohio Secretary of State

Form 700 Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ Converting Within The Records of the Ohio
Secretary of State

(2) ☐ Converting Off The Records of the Ohio
Secretary of State (187-VXX)

Name of the converting entity

RELISH LABS LLC

Jurisdiction of Formation

DELAWARE

Charter/Registration Number

4232140

The converting entity is a:

(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☐ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Limited Liability Company
- ☒ Foreign Limited Liability Company

- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity	<div style="border: 1px solid black; padding: 2px;">Relish Labs LLC</div>		
Jurisdiction of Formation	<div style="border: 1px solid black; padding: 2px;">Ohio</div>		
The converted entity is a: (Check Only (1) One Box)			
<input type="checkbox"/> Domestic For-Profit Corporation <input type="checkbox"/> Domestic Professional Association If Domestic For-Profit Corporation OR Domestic Professional Association, please indicate total number of shares <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; vertical-align: middle;"></div>			
<input type="checkbox"/> Foreign Nonprofit Corporation <input type="checkbox"/> Foreign For-Profit Corporation <input checked="" type="checkbox"/> Domestic Limited Liability Company <input type="checkbox"/> Foreign Limited Liability Company		<input type="checkbox"/> Partnership <input type="checkbox"/> Domestic Limited Partnership <input type="checkbox"/> Foreign Limited Partnership <input type="checkbox"/> Domestic Limited Liability Partnership <input type="checkbox"/> Foreign Limited Liability Partnership	

Effective Date (Optional)	<div style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</div>	(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)	
Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.			
<div style="border: 1px solid black; padding: 2px;">The Kroger Co. ATTN: Law Department</div>			
Name			
<div style="border: 1px solid black; padding: 2px;">1014 Vine Street</div>			
Mailing Address			
<div style="border: 1px solid black; padding: 2px;">Cincinnati</div>	<div style="border: 1px solid black; padding: 2px;">Ohio</div>	<div style="border: 1px solid black; padding: 2px;">45202</div>	
City	State	Zip Code	

Required information that must accompany conversion certificate if box 2 is checked		
If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.		
<div style="border: 1px solid black; height: 20px;"></div>		
Name of Statutory Agent		
<div style="border: 1px solid black; height: 20px;"></div>		
Mailing Address		
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px;">OH</div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
City	State	ZIP Code

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an
authorized representative.

/s/ Dorothy D. Roberts

Signature

By (if applicable)

Dorothy D. Roberts

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Form 610 Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

115-LCA

Name of Limited Liability Company

(Name must include one of the following words or abbreviations:
"limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd.")

Optional: Effective Date (MM/DD/YYYY)

Effective Time

Pursuant to Ohio Revised Code Section 1706.16(D), a limited liability company is formed when the articles of organization are filed by the secretary of state or at any later date or time specified in the articles of organization. Pursuant to Ohio Revised Code Section 1706.172(D), articles of organization delivered to the Ohio Secretary of State for filing may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. Articles of organization are effective as provided in Ohio Revised Code Section 1706.172(D).

Optional: Purpose

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Relish Labs LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The complete address of the agent is:

Corporation Service Company

(Name of Statutory Agent)

3366 Riverside Drive, Suite 103

(Mailing Address)

Upper Arlington

(Mailing City)

Ohio

(Mailing State)

43221

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, Corporation Service Company, named herein as the
(Name of Statutory Agent)

Statutory agent for Relish Labs LLC
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature Brittany Aunet, Assistant Secretary
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles of Organization shall be signed by at least one person.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

/s/ Dorothy D. Roberts

Signature

By (if applicable)

Dorothy D. Roberts

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name