

NA22000008927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

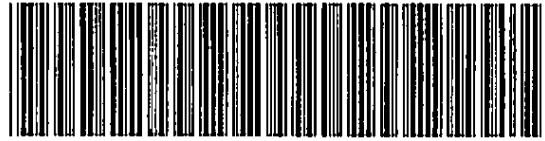
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

U22000075593

Office Use Only



800387138578

[Handwritten signature]

05/09/22--01048--025 **105.00

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2022 AUG -1 PM 9:09

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JUL -1 PM 12:18

June 7, 2022

JUANITA L MITCHELL CPA
3938 SUNBEAM RD STE 1
JACKSONVILLE, FL 32257

SUBJECT: GROW FAMILY WELLNESS, LLC
Ref. Number: W22000075593

We have received your document for GROW FAMILY WELLNESS, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Karen Lovelace
Regulatory Specialist II

Letter Number: 622A00012755

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TALLAHASSEE, FL

COVER LETTER

Doc. #
L18000294522

TO: New Filing Section
Division of Corporations

SUBJECT: Grow Family Wellness, LLC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Non-Profit Corporation" in accordance with ss. 617 F.S.

Please return all correspondence concerning this matter to:

Juanita L. Mitchell CPA

Contact Person

Royalty Accounting Services

Firm/Company

3938 Sunbeam Road Suite 1

Address

Jacksonville, FL 32257

City, State and Zip Code

J.Mitchell@royaltyaccountingservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juanita Mitchell at (904) 456-7919

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees and Certificate of Status
☐ \$113.75 Filing Fees and Certificate of Status
☐ \$113.75 Filing Fees and Certified Copy
☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

Check # 195

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

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TALLAHASSEE, FL

Doc #
L18000254522

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Non-Profit
Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following eligible business entity into a **Florida Non-Profit Corporation** in accordance with ss. 617 Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Grow Family Wellness LLC

Enter Name of the Converting Entity

2. The converting entity is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on April 25, 2022

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Non-Profit Corporation as set forth in the **attached Articles of Incorporation**:

Grow Family Wellness

Enter Name of Florida Non-Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: 04/25/2022

(The effective date: Cannot be prior to nor more than 90 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.

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TALLAHASSEE, FL

Signed this 27th day of April, 2022

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Required Signature for Florida Non-Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

[Signature]

Printed Name: Heather Horrell Title: President

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: [Signature]

Printed Name: Heather Horrell Title: Managing Member

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FL

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ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA NON-PROFIT CORPORATION
In compliance with Chapter 617, F.S. (Non-Profit)

ARTICLE I NAME

The name of the corporation shall be: Grow Family Wellness

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

65097 River Glen Parkway
Jacksonville, FL 32097

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Raise awareness to child development by incorporating Yoga into social
emotional wellness to underprivileged children.

ARTICLE IV SHARES

The number of shares of stock is: 0

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Heather Horrell- P

Address: 65097 River Glen Pkwy
Jacksonville, FL 32097

Name and Title: Tammy Ruggiero- VP

Address: 4006 Heidi Rd W
Jacksonville, FL 32277

Name and Title: Ajoa Ayesu- SEC

Address: 11883 Alexander DR
Jacksonville, FL 32218

Name and Title: Wyms, Phoebe- DIR

Address: 13525 Ashford Wood Ct E
Jacksonville, FL 32218

Name and Title: Juanita Mitchell- Tres

Address: 3865 Reds Gait Ln
Jacksonville, FL 32223

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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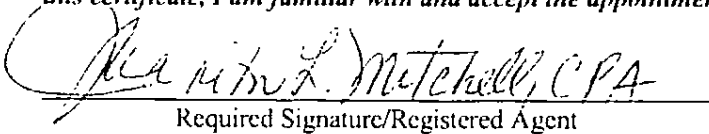
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Juanita Mitchell, CPA

Address: 3938 Sunbeam Rd, Ste 1
Jax, FL 32254

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

04/27/2022
Date

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