

P16000075996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Island Naturals, Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

David Thompson

\_\_\_\_\_  
Contact Person

Island Naturals, Inc

\_\_\_\_\_  
Firm/Company

20900 Ne 30th Avenue, Suite 200-30

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City, State and Zip Code

cueprep@gmail.com

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

For further information concerning this matter, please call:

David Thompson at ( 305 ) 491-6029  
\_\_\_\_\_  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees    ☐ \$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

**STREET ADDRESS:**  
New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

David Thompson  
Melody Legore  
20900 NE 30<sup>th</sup> Avenue  
Suite 200-30  
Aventura, FL 33180

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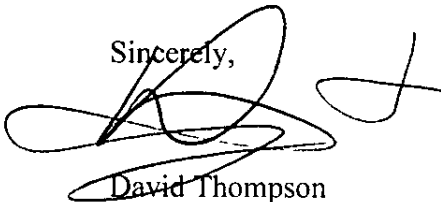
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 8, 2016

To whom it may concern:

We recently dissolved **Island Naturals LLC**, and voluntarily relinquish all rights and ownership to the name. We in turn, are registering **Island Naturals, Inc.** Please apply the existing payment (ref. Number: W16000058962) to registering the new company and refund the balance.

Sincerely,

A handwritten signature in black ink, appearing to be 'David Thompson', written over the printed name.

David Thompson  
Melody Legore

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: Island Naturals, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

150 NW 16th Street

Boca Raton, Florida 33432

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing address, if different is:

20900 NE 30th Avenue

Suite 200-30

Aventura, FL 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Melody Legore, CEO

Address: 150 NW 16th Street

Boca Raton, Florida 33432

Name and Title: David Thompson, Director

Address: 20900 NE 30th Avenue

Suite 200-30

Aventura, FL 33180

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: David Thompson  
Address: 150 NW 16th Street  
Boca Raton, Florida 33432

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: David Thompson  
Address: 150 NW 16th Street  
Boca Raton, Florida 33432

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/10/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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.

*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 09/10/16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator 09/10/16  
Date