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(Requestor's Name)		
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(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



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2019

PHILIP S. KARLE, ESQ. ABELES & KARLE, PLLC 5 W HIGHBANKS RD DEBARY, FL 32713

SUBJECT: JOCO ORGANICS CORP.

Ref. Number: W19000014667

We have received your document for JOCO ORGANICS CORP. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Letter Number: 319A00003223

DANIEL L O'KEEFE Regulatory Specialist II APR -1 PM 12: 55 LAHASSLE PI BREA

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#### **COVER LETTER**

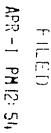
TO:	Charter Section Division of Co					
SURI	ECT:OCO ORG	SANICS CORP.				
., ., .,	EC11		Resulting Florida	a Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ces are submitted to convert an "Other Bi 15, F.S.	ısiness
Please	return all corresp	pondence concerning thi	s matter to:			
PHILI	P S. KARLE, ESQ	).				
		Contact Person		_		
ABEL	.ES & KARLE, PL	LC				
		Firm/Company	<del></del> -	_		
5 W I	IIGHBANKS RD					
		Address		_		
DEBA	ARY, FL 32713					
		City, State and Zip Code	e	_		
philip(	@aklawfla.com					
	E-mail address: (t	o be used for future annu	ual report notifica	ition)		
For fu	rther information	concerning this matter,	please call:			
PHILI	P.S. KARLE, ESQ		_at (	668-8	511	
	Name of Co	ontact Person	Area C	ode and	l Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
<b>□</b> \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filin and Certified C	_	■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Divisi Cliftor 2661 I	ET ADDRESS: Filings Section on of Corporation in Building Executive Center assee, FL 32301			New F Division P. O. E	ING ADDRESS: ilings Section on of Corporations Box 6327 assee, FL 32314	

## Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  JOCO ORGANICS LLC
Enter Name of Other Business Entity
2. The "Other Business 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)
(Enter state, or if a non-U.S. entity, the name of the country)
08/29/2013 on
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
FLORIDA
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> JOCO ORGANICS CORP.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  (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.)
<b>Note:</b> 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.

Page 1 of 2





•		
Signed thisday ofEBRUARY	. 20 19	
Required Signature for Florida Profit Corpor	ation:	
Signature of Chairman, Vice Chairman, Director Incorporator: /s/ KEITH E. CARLTON / Title:	Officer, or, if Directors or Officers have no	ot been selected, an
Required Signature(s) on behalf of Other Bus	iness Entity: [See below for required signat	ture(s).]
Signature: Kont Cald		
Printed Name: KEITH E. CARLTON		
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		<del></del>
Printed Name:	Title:	
If Florida General Partnership or Limited Lia Signature of one General Partner.	bility Partnership:	
If Florida Limited Partnership or Limited Lia Signatures of <u>ALL</u> General Partners.	bility Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representa	ative.	19 APR -
All others:		

Signature of an authorized person.

Fees:

Certificate of Conversion:

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

\$35.00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

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

ARTICLE I NAME The name of the corporation shall be:  JOCO ORGANICS	CORP.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
171 COLUMBUS CIR	
ALTAMONTE SPRINGS, FL 32750	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: FOR ANY AND ALL LAWFUL BUSINESS	
	19 APR
	A-ILEO MSSELILO
	5 6
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DE	RECTORS  Michael H. Carlton, VICE-CHAIRMAN  Name and Title:
Address:	Address:
ALTAMONTE SPRINGS, FL 32751	ALTAMONTE SPRINGS, FL 32751
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	
Address:	Address:

	P.III DEGLOMEDED AGENT	
	EVI REGISTERED AGENT and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name:	PHILIP S. KARLE	
Address:	5 W HIGHBANKS RD	<del>_</del>
	DEBARY, FL 32713	<del></del>
ARTICL.	E VII INCORPORATOR and address of the Incorporator is:	
Name:	KEITH E. CARLTON	
Address:	171 COLUMBUS CIR	
	ALTAMONTE SPRINGS, FL 32751	
****	***	*****
Having be this certifi	een named as registered agent to accept icate, I am familiar with and accept the a	service of process for the above stated corporation at the place designated in ppointment as registered agent and agree to act in this capacity
	JUX	2/1/2019
. 0	Required Signature/Registered Agent	/ / Date
		tated herein are true. I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.
<u> </u>	7/M Gt	2/1/2019
	Required Signature/Incorporator	' Date

FILED

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