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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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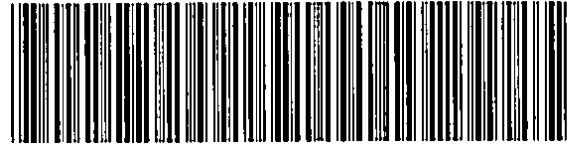
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUL 19 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Ocean Ridge Biosciences, 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:

Brandon Esposito
Contact Person

BME Law Group, P.A.
Firm/Company

925 South Federal Hwy Suite 125
Address

Boca Raton, Florida 33432
City, State and Zip Code

brandon@bmelawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon M. Esposito at (561) 948-2774
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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

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

This Certificate of Conversion **and attached Articles of Incorporation** 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:

Ocean Ridge Biosciences LLC #65-24812
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 the State of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 03/11/2005
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:

N/A

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

Ocean Ridge Biosciences, Inc
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.)

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 12th day of July, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: /s/ David Willoughby

Printed Name: David Willoughby Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: /s/ David Willoughby

Printed Name: David Willoughby Title: Manager

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:

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

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

<p>Principal street address</p> <p><u>394 SW 12th Avenue</u></p> <p><u>Deerfield Beach, Florida 33442</u></p> <p>_____</p>	<p>Mailing address, if different is:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

<p>Name and Title: <u>David Willoughby, President</u></p> <p>Address: <u>320 Colonial Rd</u></p> <p><u>West Palm Beach, Florida 33405</u></p>	<p>Name and Title: _____</p> <p>Address: _____</p>
<p>Name and Title: _____</p> <p>Address: _____</p>	<p>Name and Title: _____</p> <p>Address: _____</p>
<p>Name and Title: _____</p> <p>Address: _____</p>	<p>Name and Title: _____</p> <p>Address: _____</p>

ARTICLE VI REGISTERED AGENT

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

Name: David Willoughby

Address: 394 SW 12th Avenue

Deerfield Beach, FL 33442

ARTICLE VII INCORPORATOR

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

Name: David Willoughby

Address: 320 Colonial Rd

West Palm Beach, Florida 33405

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

/s/ David Willoughby

Required Signature/Registered Agent

07/12/2019

Date

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

/s/ David Willoughby

Required Signature/Incorporator

07/12/2019

Date