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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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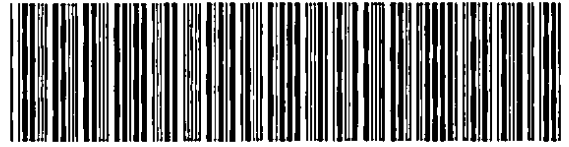
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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OCT 08 2019

FILED  
CLERK OF COURT  
19 OCT -8 PM 2:23

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** VITALGENIX NUTRITION INCORPORATION

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:

BOJAN ZUPANCIC

Contact Person

VITALGENIX NUTRITION INCORPORATION

Firm/Company

1040 SW 4TH STREET

Address

BOCA RATON, FLORIDA 33486

City, State and Zip Code

BOJAN\_ZUPANCIC@YAHOO.COM

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

For further information concerning this matter, please call:

BOJAN ZUPANCIC

at (561) 758-5387

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

19 OCT -8 PM 2:23

**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:

VITALGENIX NUTRITION LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company 419-217689  
(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 August 26 , 2019

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:**

VITALGENIX NUTRITION INCORPORATION

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: August 26 , 2019

**(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.

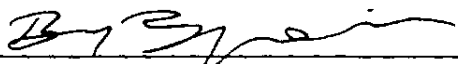
Signed this 1st day of October, 2019.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: BOJAN ZUPANCIC Title: INCORPORATOR

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

Signature: 

Printed Name: BOJAN ZUPANCIC Title: INCORPORATOR

Signature: \_\_\_\_\_

Printed Name: CONNOR WIDSTRAND Title: COO

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)**

19 OCT - 8 PM 2:53  
NOTARIAL PUBLIC  
JENNIFER M. LEE, Notary Public  
State of Florida

**ARTICLE I NAME**

The name of the corporation shall be: VITALGENIX NUTRITION INCORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
1040 SW 4TH STREET

BOCA RATON FLORIDA 33486

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FOR PROFIT SALES

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: BOJAN ZUPANCIC / P

Address: 1040 SW 4TH STREET

BOCA RATON FL 33486

Name and Title: CONNOR WIDSTRAND / COO

Address: 4138 NW 88TH AVE APT. 207

CORAL SPRINGS, FL 33065

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

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

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: BOJAN ZUPANCIC  
Address: 1040 SW 4TH STREET  
BOCA RATON FL 33486

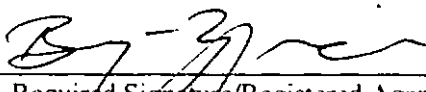
**ARTICLE VII INCORPORATOR**

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

Name: BOJAN ZUPANCIC  
Address: 1040 SW 4TH STREET  
BOCA RATON FL 33486

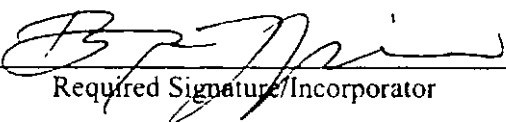
\*\*\*\*\*

*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

10/1/2019  
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.*

  
Required Signature/Incorporator

10/1/2019  
Date

19 OCT -8 PM 2:33  
DEPT. OF STATE  
CORPORATION DIVISION