## P20000044343

(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:





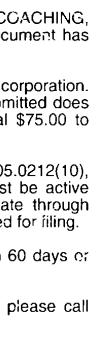
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SECRETARY OF STATE TALLAHASSEE, FL

N CULLIGAN JUN 1 7 2020



Letter Number: 020A00009466



May 8, 2020

JENNIFER JENKINS 14209 CLARENDON DR. TAMPA, FL 33624 US

SUBJECT: ROOTED HOLISTIC HEALTH COACHING, INC.

Ref. Number: W20000045759

We have received your document for ROOTED HOLISTIC HEALTH CCACHING, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It seems you are trying to convert your active entity into a Florida corporation. However, you have submitted the wrong forms and the balance submitted does not cover the fees for a coversion. You must submit an additional \$75.00 to covert into a Florida Corporation.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(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.

Jalesa S Dennis Regulatory Specialist II

DHAY 25 AH IO

## **COVER LETTER**

TO:

	iling Section on of Corporation	ns			
	Rooted		Health	Coachin	4
		Name	of Resulting F	lorida Profit (	Lorporation
			-		are submitted to convert the following eligible 33 & 607.0202, F.S.
Please return a	ll correspondenc	e concerning	this matter to:		
	Junnifer	dinkins			
	Cor	ntact Person			
Rooted	Hofistic 1	Health	Coachi	૧૬	
-	Fir	m/Company			
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	- 171, 2, 10, 1	Address		<u></u>	
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	ormation concern		-	,	
	rifer Junikur	_	•	· , 35	3 - 507 9
	me of Contact Po				Daytime Telephone Number
Enclosed is a c	heck for the follo	owing amoun	<b>t</b> :		
<b>√</b> \$105.00 Fil	ing Fees 25113 and Co Status	3.75 Filing Fe ertificate of	es □\$113.75 and Certif	Filing Fees ied Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New F Divisi P.O. E	ng Address: Filing Section on of Corporati Box 6327 nassec, FL 3231			New F Division The Co 2415 N	Address: iling Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303

FILED

## Articles of Conversion

For

Converting Eligible Entity

Into

Florida Profit Corporation

2020 MAY 26 AM II: 54

SECRETARY OF STATE TALLAHASSEE, FL

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Rooted Holistic Health Coaching, LLC Enter Name of the Converting Entity
Enter Name of the Converting Entity
2. The converting entity is a
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)
on May 20, 2019
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:  Rooted Hulistic Health Coaching, Inc.
Enter Name of Florida 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: 5-1-20

Signed this 20 <sup>+k</sup> day of May	. 20_ 70	
Required Signature for Florida Profit Corpora	ation:	
Signature of Director, Officer, or, if Directors or C	<u> </u>	
Printed Name: Junifer Jenkens Title: D	Wher	
companies: [See below for required signature(s)	Florida partnerships, limited partnerships, and .]	l limited liability
Signature:		
Printed Name: Junitu knkins	Title: DWNLY	
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 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	tive.	
All others: Signature of an authorized person.		
Fees: Articles of Conversion:	\$35.00	

\$70.00

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

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

FILED

## 2020 HAY 26 AM 11: 54 ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CONTROL (Profit) In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ECRETARY OF STATE FOR RESULTING FLORIDA PROFIT CORPORATION

ARTICLE I NAME The name of the corporation shall be: Rooted Holistic Health Coaching, Inc.

TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE	•
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
14209 Clarendon Br.	
Tampa, FL 33624	
ARTICLE III PURPOSE  The purpose for which the corporation is organized.	
Health Coaching	
V	
	<u>-</u> -
ARTICLE IV SHARES	
ARTICLE IV SHARES The number of shares of stock is: 100	
	etors
ARTICLE V OFFICERS AND/OR DIREC	
ARTICLE V OFFICERS AND/OR DIRECT	Name and Title:
ARTICLE V OFFICERS AND/OR DIRECT	Name and Title:
ARTICLE V OFFICERS AND/OR DIRECTOR Name and Title:  Address:	Name and Title:Address:
ARTICLE V OFFICERS AND/OR DIRECTOR Name and Title:  Address:  Name and Title:	Name and Title:  Address:  Name and Title:
ARTICLE V OFFICERS AND/OR DIRECTOR Name and Title:  Address:  Name and Title:	Name and Title:  Address:  Name and Title:
ARTICLE V OFFICERS AND/OR DIRECTOR Name and Title:  Address:  Address:  Address:	Name and Title:  Address:  Name and Title:  Address:
ARTICLE V OFFICERS AND/OR DIRECTOR Name and Title:  Address:  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:
ARTICLE V OFFICERS AND/OR DIRECTOR Name and Title:  Address:  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:
ARTICLE V OFFICERS AND/OR DIRECT Name and Title: Address:  Name and Title: Address:  Name and Title: Address:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:
ARTICLE V OFFICERS AND/OR DIRECT Name and Title:  Address:  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:

ARTICLE	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name:	Junifer Linkuns	_
Address:	14209 Clarendon Dr.	
	Tampa, Fi 33624	
*****	*********	*******
~	• •	ervice of process for the above stated corporation at the place designated is ppointment as registered agent and agree to act in this capacity
	_	

Required Signature/Registered Agent

SECRETARY OF STATE

2020 MAY 26 AM II: 54

5,20.20

Date