

P21000057774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

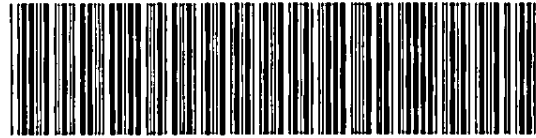
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/01/21--01031--015 **105.00

02/01/21 09:11:00

3/24/2021

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nutrition Retreat, Inc.
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Richard M. Staton
Contact Person

Nutrition Retreat, Inc.
Firm/Company

5744 Bryce Street
Address

Keystone Heights, Fl. 32656
City, State and Zip Code

nutritionretreat2020@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Staton at (352) 272-2091
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

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

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:

Nutrition Retreat, LLC

Enter Name of the Converting Entity

2. The converting 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)

on **10/21/2020**
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:**

Nutrition Retreat, 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: **01/01/2021**
(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 27 day of January, 2021.

Required Signature for Florida Profit Corporation:

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

Richard M. Staton

Printed Name: Richard M. Staton Title: Co/Owner

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: Claudia M. Staton

Printed Name: Claudia M Staton Title: Co/Owner

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:

Articles 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
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

ARTICLE I NAME

The name of the corporation shall be: Nutrition Retreat, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

5744 Bryce Street
Keystone Heights, Fl. 32656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Making and selling to the public healthy meal replacement
shakes and teas.

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Richard M. Staton Co/Owner

Name and Title: Claudia M. Staton Co/Owner

Address: 5744 Bryce Street
Keystone Heights, Fl. 32656

Address: 5744 Bryce Street
Keystone Heights, Fl. 32656

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Richard M. Staton
Address: 5744 Bryce Street
Keystone Heights, Fl. 32656

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

Richard M. Staton
Required Signature/Registered Agent

01/27/2021
Date

03/11/21

NUTRITION RETREAT


William Lawrence
P.O. Box 6327
Tallahassee, Fl. 32314

3/22/2021

Dear William Lawrence,

I am returning this form and letter to you as requested. I had filed my annual report right before I received it in the mail. Please excuse my ignorance of this matter as I am a new business owner and did not know about the annual report as we did not open our business until 3/6/2021. Please contact me at the phone number below if there is anything else that I need to do to stay current with everything.

Sincerely,



Richard M Staton



185 S
LAWRENCE
BLVD

KEYSTONE
HEIGHTS, FL.
32656
USA

PHONE 352-272-2091

EMAIL Nutritionretreat2020@gmail.com

3/22/2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2021

RICHARD M. STATON
5744 BRYCE STREET
KEYSTONE HEIGHTS, FL 32656

SUBJECT: NUTRITION RETREAT, INC.
Ref. Number: W21000032304

We have received your document for NUTRITION RETREAT, INC. and your check(s) totaling \$105.00. 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), 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.

WILLIAM LAWRENCE
Regulatory Specialist II

Letter Number: 621A00005017

621A00005017
2021 MAR 23 11:23

RECEIVED
2021 MAR 24 PM 1:19
REGISTRATION
SPECIAL
SERVICES