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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

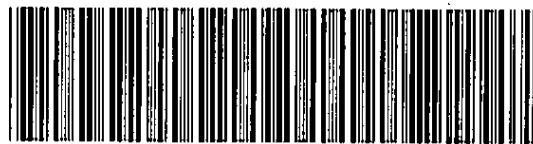
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 JUN 24 PM 12:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D O'KEEFE

JUL 31 2021

W2-133285



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2021

GINGER THOMPSON
NUTRITION HIDEAWAY
275 W MAIN ST STE B
LAKE BUTLER, FL 32054

SUBJECT: NUTRITION HIDEAWAY, INC.
Ref. Number: W20000133285

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

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 921A00003314

21 JUN 24 PM 12:43
MAIL ROOM
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nutrition Hideaway
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:

Ginger Thompson
Contact Person

Nutrition Hideaway
Firm/Company

275 W. Main St STE B
Address

Lake Butler FL 32054
City, State and Zip Code

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

For further information concerning this matter, please call:

Ginger Thompson at (386) 365 6635
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

21 JUN 04 PM 12:43
TALLAHASSEE, FL 32303

I've sent \$
in before and
this is a re-do
of incorrect
paper work
please consider
using \$
I've already
sent to
you

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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 Hideaway LLC
Enter Name of the Converting Entity

2. The converting entity is a LLC
(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 5/20/20
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 Hideaway, 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: 5/20/21

(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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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

Signed this 18 day of June, 2021.

Required Signature for Florida Profit Corporation:

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

Ginger Thompson

Printed Name: Ginger Thompson Title: president

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

Signature: Ginger Thompson

Printed Name: Ginger Thompson Title: Vice Pres.

Signature: Ginger Thompson

Printed Name: Ginger Thompson Title: Treasurer

Signature: Ginger Thompson

Printed Name: Ginger Thompson Title: Secretary

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)

21 JUN 24 PM 12:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**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 Hideaway, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
275 W Main St
Suite B
Lake Butler, FL 32054

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

business purposes

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Ginger Thompson President

Address: 5486 SW 150th Blvd
Lake Butler FL

Name and Title: Ginger Thompson Treasurer

Address: 5486 SW 150th Blvd
LB FL 32054

Name and Title: _____

Address: _____

Name and Title: Ginger Thompson VP

Address: 5486 SW 150th Blvd
Lake Butler, FL 32054

Name and Title: Ginger Thompson Secretary

Address: 5486 SW 150th Blvd
LB FL 32054

Name and Title: _____

Address: _____

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FALLANDS, FL 33422

ARTICLE VI REGISTERED AGENT

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

Name: Ginger Thompson
Address: 5486 SW 150th Blvd
Lib, Fl 32054
Lake Butler

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

Ginger Thompson
Required Signature/Registered Agent

6/18/21
Date

21 JUN 24 PM 12:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA