

P22VVVD27706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

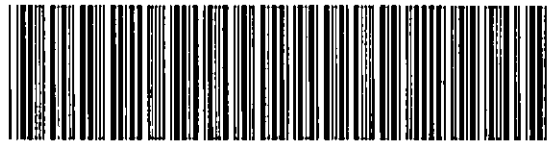
Special Instructions to Filing Officer:

Office Use Only

V. J. W. S. S. F.

T. SCOTT

APR 12 2022



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22 JAN 20 11:20 AM
J. J. W. S. S. F.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FULL BODY NUTRITION, 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:

ELIZABETH A. TOOLE
Contact Person

FULL BODY NUTRITION
Firm/Company

4970 S.W. BLUE DAZE WAY
Address

PALM CITY, FL 34990-8640
City, State and Zip Code

betoy5677@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH A. TOOLE at (650) 906-9872
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 Status and Certified Copy 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

Full Body Nutrition, Inc.
Complete Nutrition for Real Health

Elizabeth A Toole 650.906.9872 mobile/text

4970 S.W. Blue Daze Way
Palm City, FL 34990-8640

January 25, 2022

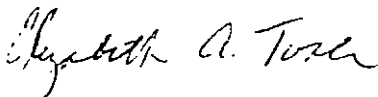
Mr. Tyrone Scott
Regulatory Specialist II
New Filings Section/Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Scott,

Thank you for your letter of explanation on the filing status of Full Body Nutrition, Inc.
I appreciate your time and input in helping me register my corporation in Florida.

Enclosed are the completed forms for your review. Please let me know if you need any
additional documents.

Sincerely,



Elizabeth A Toole
President, Full Body Nutrition, Inc.

Enclosures (7)
Reference # W22000005575

2022 JAN 25 PM 1:26
FBI - TAMPA
COMM-FBI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2022

ELIZABETH A TOOLE
4970 S.W. BLUE DAZE WAY
PALM CITY, FL 34990-8640

SUBJECT: FULL BODY NUTRITION, INC.
Ref. Number: W22000005575

We have received your document for FULL BODY NUTRITION, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 522A00001315

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:

FULL BODY NUTRITION, INC

Enter Name of the Converting Entity

2. The converting entity is a S-CORPORATION
(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 CALIFORNIA
(Enter state, or if a non-U.S. entity, the name of the country)

on NOVEMBER 9, 2012
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**:

FULL BODY NUTRITION, 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: JANUARY 1, 2022
(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.

22 JAN 10 11:03 AM
FILED
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

Signed this 2 day of JANUARY, 20 22

Required Signature for Florida Profit Corporation:

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

Elizabeth A. Toole

Printed Name: ELIZABETH A TOOLE Title: PRESIDENT

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

Signature: Elizabeth A. Toole

Printed Name: ELIZABETH A TOOLE Title: PRESIDENT

Signature: John C. Toole

Printed Name: JOHN C TOOLE Title: V. P.

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: FULL BODY NUTRITION, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

4970 S.W BLUE DAZE WAY
PALM CITY, FL 34990-8640

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this corporation is to engage in any lawful act or activity for which a corp may be organized, (other than the banking business, the trust company business) or the practice of a profession permitted to be incorporated by FL. Corporations code.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: ELIZABETH A TOOLE Name and Title: _____

Address: 4970 S.W BLUE DAZE WAY Address: _____
PALM CITY, FL 34990

Name and Title: JOHN C. TOOLE (CFO) Name and Title: _____

Address: 4970 S.W BLUE DAZE WAY Address: _____
PALM CITY, FL 34990

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: ELIZABETH A. TOOLE

Address: 1970 S.W. BLUE DAZE WAY
PALM CITY, FL 34990

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

Elizabeth A. Toole
Required Signature/Registered Agent

2 January 2022
Date