

P23000036687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

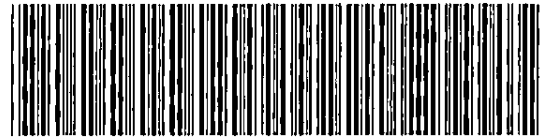
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

W23000052744

Office Use Only



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SECRETARY OF STATE
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23 JAN 21 AM 8:03

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2023

DONOTHAN GAMBLE
777 BRICKELL AVE #500-14648
MIAMI, FL 33131 US

SUBJECT: NATURALLY MADE ESSENTIALS
Ref. Number: W23000052744

We have received your document for NATURALLY MADE ESSENTIALS and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please list the complete principal office address.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 023A00008349

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2023 MAY 10 PM 1:26

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23 MAR 21 AM 8:03
TALLAHASSEE
FLORIDA
DIVISION OF CORPORATIONS

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Naturally Made Essentials INC
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:

Donothan Gamble
Contact Person

Naturally Made Essentials
Firm/Company

777 Brickell Ave #500-14648
Address

Miami, FL 33131
City, State and Zip Code

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

For further information concerning this matter, please call:

Donothan Gamble at (704) 577-1913
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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Signed this 14th ^{DE} day of March, 2022

Required Signature for Florida Profit Corporation:

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

Incorporator: Donetha Gamble

Printed Name: Donetha Gamble Title: Owner

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

Signature: Donetha Gamble

Printed Name: Donetha Gamble Title: owner

Signature: Lauren Gamble

Printed Name: Lauren Gamble Title: owner

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)

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23 MAR 21 AM 8:03
TALLAHASSEE, FL
SECRETARY OF STATE

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:

Naturally Made Essentials LLC
Enter Name of Other Business Entity

2. The "Other Business 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 UTAH
(Enter state, or if a non-U.S. entity, the name of the country)

on August 1, 2017
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:

Miami, FL

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Naturally Made Essentials INC
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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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23 MAR 21 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Naturally Made Essentials INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

777 Brickell Ave #500-14648 Miami, FL 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to benefit its shareholders

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donothen Gamble /owner CEO Name and Title: _____

Address: 5094 W Duckhorn Dr Address: _____

South Jordan, Utah 84009

Name and Title: Lagren Gamble /owner CMD Name and Title: _____

Address: 5094 W Duckhorn Dr Address: _____

South Jordan, Utah 84009

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Donny Gamble

Address: 777 Brickell Ave. # 500-14648
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donother Gamble

Address: 777 Brickell Ave
500-14648

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

Donny Gamble Jr.
Required Signature/Registered Agent

5/5/2023
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.

Donother Gamble
Required Signature/Incorporator

03/11/2023
Date

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SECRETARY OF
STATE
TALLAHASSEE
FLORIDA