

P24000022266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

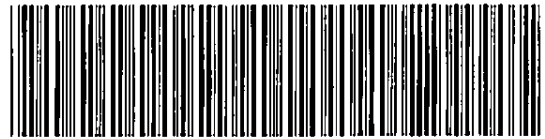
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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:
BIOOPTHEALTH LLC

_____.
Enter Name of the Converting Entity
limited liability company

2. The converting entity is a _____.
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)
FLORIDA

first organized, formed or incorporated under the laws of _____.
(Enter state, or if a non-U.S. entity, the name of the country)

09/07/2023
on _____.
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:
BIOOPTHEALTH 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.

09/07/2023

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

(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 December 4th day of 20 23

Required Signature for Florida Profit Corporation:

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

[Signature]
Printed Name: Hannah Saxton Title: AMBR

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

Signature: [Signature]
Printed Name: Hannah Saxton Title: AMBR

Signature: [Signature]
Printed Name: Christopher Mastenjohn Title: AMBR

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)

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

ARTICLE I NAME BIOOPTHEALTH INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
9825 Ne 2nd Ave #530114, Miami, FL 33153-9998

Mailing address, if different is:

ARTICLE III PURPOSE

To facilitate and implement the collection and analysis of genomic, biochemical, dietary, and health data to produce an individualized nutrition and health plan and to help implement, evaluate, revise, and restructure that plan over time.

ARTICLE IV SHARES 20,000,000

The number of shares of stock is:

ARTICLE V OFFICERS AND/OR DIRECTORS

Christopher Masterjohn, Chief Executive
Name and Title: Officer

Address: 9825 NE 2nd Ave #530114
Miami, FL 33153-9998

Name and Title:

Address:

Hannah Saxton, Chief Executive Officer
Name and Title:

Address: 9825 Ne 2nd Ave #530114, Miami,
FL 33153-9998

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: REPUBLIC REGISTERED AGENT LLC

Address: 1150 Nw 72nd Ave Tower I Ste 455

Miami, FL 33126

.....
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

Levetta Dobson
Required Signature/Registered Agent

12/05/2023
Date

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