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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

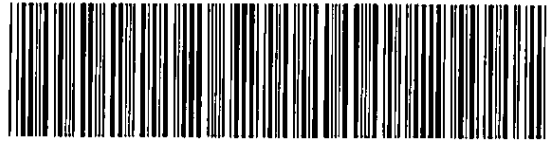
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2024 MAR 27 PM 3:00  
CLERK OF STATE  
JEN. G. GAY

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: The Artisan Laboratory

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:

Alissha Leonor

Contact Person

Work Life Balanced LLC

Firm/Company

11028 NW 40TH Street

Address

Sunrise Florida 33351

City, State and Zip Code

alishsha@worklife-balanced.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alissha Leonor

Name of Contact Person

at (800) 952-0249

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee

**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:

The Artisan Laboratory 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 12-01-2023

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**:

The Artisan Lab Co

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: 01-01-2024

(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.

FILED  
2024 MAR 27 PM 3:15  
STATE OF FLORIDA  
DEPARTMENT OF STATE


Signed this 14 day of May, 2024

**Required Signature for Florida Profit Corporation:**

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

  
\_\_\_\_\_  
Printed Name: Alissha Leonor Title: Director

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

Signature:   
\_\_\_\_\_  
Printed Name: Alissha Leonor Title: Director

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)

FILED  
2024 MAR 27 PM 3:00  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

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: The Artisan Lab Co

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

11028 NW 40TH Street Sunrise Florida 33351

11028 NW 40TH Street Sunrise Florida 33351

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Consulting

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Alissha Leonor - Director

Name and Title: \_\_\_\_\_

Address: 11028 NW 40Th Street  
Sunrise Florida 33351

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2026 MAR 27 PM 3:00  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Work Life Balanced, LLC

Address: 11028 NW 40Th Street  
Sunrise Florida 33351

\*\*\*\*\*

*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*



\_\_\_\_\_  
Required Signature/Registered Agent

05-14-2024

\_\_\_\_\_  
Date