

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Return to Human Health and Nutrition, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Jorge Roman Lopez
(Contact Person)

Return to Human Health and Nutrition, LLC
(Firm/Company)

999 SW 1st Ave, Apt 3013
(Address)

Miami, FL 33130
(City, State and Zip Code)

jroman0818@yahoo.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Jorge Roman Lopez at (248) 877-0092
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 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

Signed this 6th day of January 2025

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: Jorge Roman Lopez Title: Owner

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

Signature: _____
Printed Name: Jorge Roman Lopez Title: Owner

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

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.

All others:

Signature of an authorized person.

Fees:

- Articles of Conversion: \$25.00
- Fees for Florida Articles of Organization: \$125.00
- Certified Copy: \$30.00 (Optional)
- Certificate of Status: \$5.00 (Optional)

STATE
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Return to Human Health and Nutrition, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1065 SW 8th St
#1675
Miami FL, 33130

Mailing Address:

1065 SW 8th St
#1675
Miami FL, 33130

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Taylor Newman

Name

7901 4th St N, STE 300

Florida street address (P.O. Box **NOT** acceptable)

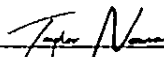
St. Petersburg, PINELLAS COUNTY FL 33702

City

Zip

2023 JUN 14 PM 4:17
STATE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Jorge Roman Lopez

1065 SW 8th St, #1675

Miami Fl, 33130

Jorge Roman Lopez

1065 SW 8th St, #1675

Miami Fl, 33130

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

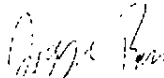
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159

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



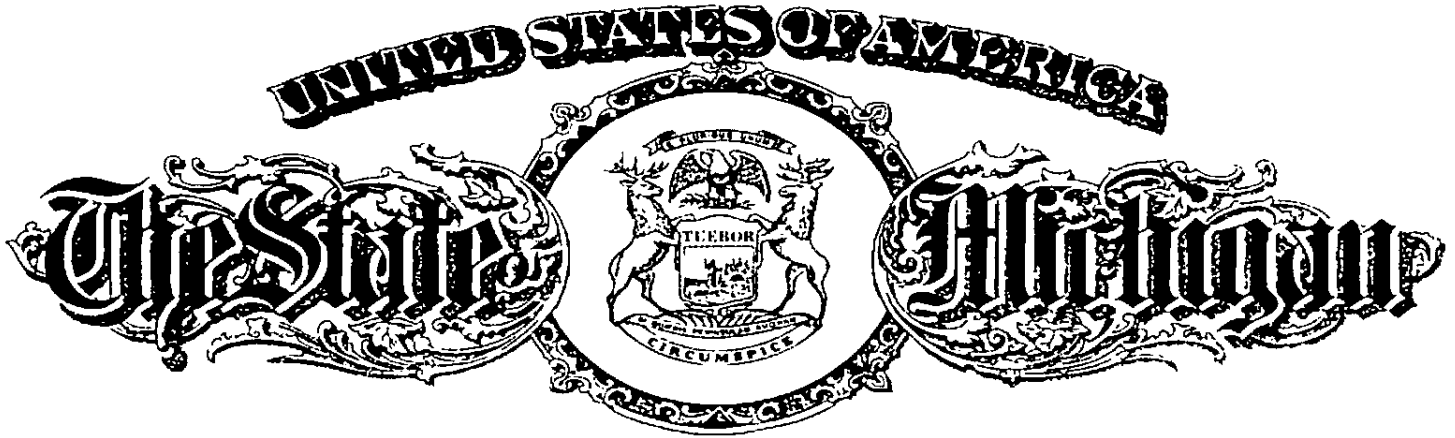
Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

RETURN TO HUMAN HEALTH AND NUTRITION, LLC

was validly authorized on October 10, 2023, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

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LRA

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of December, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 24120430410