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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:	New Filing So Division of C				
CUDI		•	trition IIIC		
SUBJ	ECT: <u>Betuin to</u>	Human Health and Nut (Name of Res	ulting Florida Limi	ted Com	pany)
			_		I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:		
Jorge	Roman Lopez			_	
		(Contact Person)			
Return	to Human Heal	th and Nutrition, LLC		_	
		(Firm/Company)			
999 SI	W 1st Ave, Apt 3	013			
	, ,	(Address)		-	
14:	El 20100				
<u>iviiami,</u>	, FL 33130 ((City. State and Zip Code)		-	
	<u>10818@yahoo.c</u> 1ail Address: (to b	om e used for future annual re	port notifications)	-	
		on concerning this ma			
10114	tinei miornati	on concerning this ma	iter, piease cair.		
Jorge	Roman Lopez		_at (<u>248</u>	<u>) 877-00</u>	
	(Name of Conta	ict Person)	(Area Code)	(Dayt	ime Telephone Number)
		or the following amou a bank located in the		orocesso	ed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles inization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add				Address:
	New Filing Se				iling Section
	Division of C P.O. Box 632				on of Corporations entre of Tallahassee
	Tallahassee, F				V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1.		~	icles of Conve	rsion is:
		Limited Liability Company Limited partnership, general partnership, common law or business truster the laws of		
	(Enter Name of Other Business Entity)		
2.	The "Other Business Entity" is aLimited	d Liability Company		
	(Enter entity type. Example: corporation, limited partnership	, general partnership, com	mon law or busir	iess trust, etc.
Fi	rst organized, formed or incorporated under the laws of	Return to Human Health and Nutrition, LLC (Enter Name of Other Business Entity) s Entity" is a Limited Liability Company type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. If or incorporated under the laws of Michigan (Enter state, or if a non-U.S. entity, the name of the country) 10/10/2023 10/10/2023 10/10/2023 10/10/2023 10/10/2023 10/10/2023 10/10/2023 10/10/2024 10/10/2024 10/10/2025 10/10/2025 10/10/2025 10/10/2026 10/10/2026 10/10/2026 10/10/2026 10/10/2028 1		
	(Enter sta	te, or if a non-U.S. entity,	the name of the c	ountry)
10	10/10/2023			
	(date of organization, formation or incorporation)		+	•
_				4 7
3.	(Enter Name of Other Business Entity) is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. st organized, formed or incorporated under the laws of Michigan (Enter state, or if a non-U.S. entity, the name of the country) 10/10/2023 (date of organization, formation or incorporation) The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization. Return to Human Health and Nutrition, LLC (Enter Name of Florida Limited Liability Company) If not effective on the date of filing, enter the effective date: the effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after date this document is filed by the Florida Department of State.) Enter If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the unment's effective date on the Department of State's records. The plan of conversion has been approved in accordance with all applicable statutes. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to			
	Return to Human Health and Nutrition, LLC		17	
	(Enter Name of Florida Limited Liability Comp	pany)	 '	
4.	If not effective on the date of filing, enter the effective date:			the country) Organization dar days after the listed as the
(1	The effective date: Cannot be prior to date of receipt or file	d date nor more than	n 90 calendar	days after
	ote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	y filing requirements, this o	date will not be li	sted as the
5.	The plan of conversion has been approved in accordance with	all applicable statute	s.	
6.	The "Converted or Other Business Entity" has agreed to pay any which such members are entitled under ss. 605,1006 and 605,100.		aisal rights the	amount to

Signed this 6th day of January	_ 20 ²⁵
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: 7th Printed Name: Jorge Roman Lopez	Title: _Owner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	Title: Owner
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ealth and Nutrition, LLC contain the words "Limited Liability	Company 21 J. C. Tor 21 J. C. 2)	
(,vius	Contain the Words Emitted Liability	Company, E.C.C., (ii E.C.)	
ARTICLE II - Add			
The mailing address	and street address of the prir	ncipal office of the Limited	I Liability Company is:
Principal Office Ac	<u>idress:</u>	Mailing Address:	
1065 SW 8th St		1065 SW 8th St	
#1675		#1675	
Miami FI, 33130		Miami FI, 33130	767
The name and the F	lorida street address of the rep		PH I
	Mana		r i
	Name		
	7901 4th St N	, STE 300	
St. F	7901 4th St N	Box NOT acceptable)	
St. F	7901 4th St N Florida street address (P.O. 1	Box NOT acceptable)	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

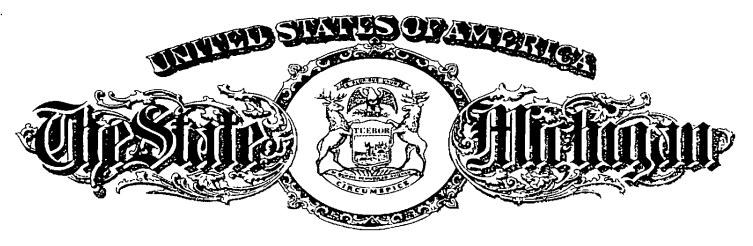
Ā	P	TI	F	IV_{-}

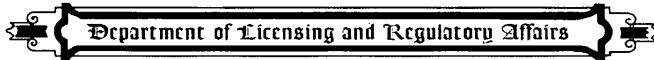
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Jorge Roman Lopez	
	1065 SW 8th St, #1675	_
	Miami FI, 33130	_
AMBR	Jorge Roman Lopez	
	1065 SW 8th St, #1675	_
	Miami FI, 33130	_
		
		
		_
		_
(Use attachment if necessary)		
CLE V: Other provisions, if any.		
CLE V: Other provisions, if any.	72	
		_
REQUIRED SIGNATURE:		
-		_
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for	1
as provided for in s.817.155, F.S.	State constitutes a unit degree in	υ I ¹
Tv	ped or printed name of signee	_
• 1		

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)





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 annual filing obligations.

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.



Sent by electronic transmission

Certificate Number: 24120430410

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