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(Requestor's Name)
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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
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Special Instructions to Filing Officer:

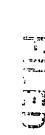
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COVER LETTER

TO:	New Filing Se Division of C								
SHRI	ECT: My Esser	ntial Birth, LLC							
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						d fees are submitted to coordance with s. 605.			:her
Please	return all corre	espondence concerning	g this	matter to:					
Stepha	anie King								
		(Contact Person)							
My Es	sential Birth, LLC								
		(Firm/Company)							
12734	Mangrove Fores	st Dr							
		(Address)							
Divon	iew, FL 33579	, , , , , , ,							
		City. State and Zip Code)					;	26)
	entialbirth@gma							124/	
E-n	ikiil Address: (to b	e used for future annual rep	ort n	otifications)				30	Cp*
For fu	rther information	on concerning this mat	ter, j	olease call:			3.4 \$55	C:D	
Stepha	anie King		,	801	837-0	0059	للرا . پي	1.6 114 O- 304 4202	4
	(Name of Conta	ct Person)	_at ((Area Code))	time Telephone Number)		نې –	;: :::22
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(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles anization)	\$155.00 Filing Fees and Certificate of Status		180,00 Filing I Certified Copy		☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status			
	Mailing Adda New Filing So Division of Co P.O. Box 632	ection orporations]	New I Divisi	Address: Filing Section on of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business. First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the count on May 24, 2017 (date of organization, formation or incorporation)	
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the count on (date of organization, formation or incorporation)	
on May 24, 2017 (date of organization, formation or incorporation) (Enter state, or it a non-o.s. entity, the name of the country (date of organization, formation or incorporation)	ry)
on May 24, 2017 (date of organization, formation or incorporation) (Enter state, or it a non-o.s. entity, the name of the country (date of organization, formation or incorporation)	ry)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiz	ation:
My Essential Birth, LLC	
(Enter Name of Florida Limited Liability Company) (Enter Name of Florida Limited Liability Company)	J
4. 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 day)	

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 15	day of <u>July</u>	20_74	
		f Limited Liability Company:	
Signature of Author Printed Name: Stepl	orized Representative:	tiphound king Time: Owner	-
Signature(s) on be	half of Other Business Er	ntity: See below for required signature(s)	
Signature: (M) Printed Name Step	hanie King	Title: Owner	- -
Printed Name:		Title:	-
Signature: Printed Name:		Title:	_
Printed Name:		Title:	
Signature: Printed Name:		Title:	- · - ·
Signature:		Title:	
		11(10,	- 14.
If Florida Corpora Signature of Chairn	ation: nan, Vice Chairman, Direc	tor, or Officer.	
If Directors or Office	cers have not been selected	l, an Incorporator must sign.	
If Florida General Signature of one Ge	Partnership or Limited eneral Partner.	Liability Partnership:	
If Florida Limited Signatures of ALL		Liability Limited Partnership:	
All others: Signature of an auth	norized person.		
Fees:			
	Conversion:	\$25.00 stion: \$135.00	

\$125.00

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company i	ie.		
The name of the Emilied Elability Company i	15.		
My Essential Birth, LLC (Must contain the words "Limited Liabi			
(iviusi contain the words Diffined Larb)	inty Company, 1.E.C., or EEC. (
ARTICLE II - Address:			
The mailing address and street address of the	principal office of the Limite	ed Liability Compar	ny is:
Principal Office Address:	Mailing Address:		
12734 Mangrove Forest Dr	P.O. Box 1193		
Riverview, FL 33579	Riverview, FL 33568		
		202	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regions business entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an	i individual or another	
	o rogistored agent are.	MI 9: 17	
Stephanie King			
Nai	me	11.	
12734 Mangrove Forest Dr			
Florida street address (P.	O. Box NOT acceptable)		
Riverview	FL ³³⁵⁷⁹		
City	Zip		
Having haar named as sugistaned again and	1		

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..

legistered/Agent's Signature (REQUIRED

(CONTINUED)

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

(AAADDD 0 = A Ab + b + b + b + b + b + b + b + b +	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
MGR - Manager	Stephanie King
WIGHT	12734 Mangrove Forest Dr
	Riverview, FL 33579
	1110111011, 1 2 00070
	-
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	2
	2024
REQUIRED SIGNATURE:	2021 F.U
LE V: Other provisions, if any.	2021 P.UC
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, Lamaware that
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, Lamaware that
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, Lamaware that