#11000022808

(Requestor's Name)
(Address)
(Address)
(100,000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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K.SALY EXAMINER FEB 2 3 2011



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2011

SKY'S THE LIMIT PERSONAL TRAINING, INC. MARCIA SCHUYLER 18072 HORSESHOE BAY CIRCLE FORT MYERS, FL 33967

SUBJECT: 'SKY'S' THE LIMIT PERSONAL TRAINING, INC.

Ref. Number: P09000042537

We have received your document for 'SKY'S' THE LIMIT PERSONAL TRAINING, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 311A00003332

COVER LETTER

Division of Corporations
SUBJECT: Sky's The Limit Personal Training, Inc.
(Name of Resulting Florida Limited Company)
The enclosed Certificate 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. 608.439, F.S
Please return all correspondence concerning this matter to:
Marcia Schuyler
(Contact Person)
c/o Sky's The Limit Personal Training, Inc.
(Firm/Company)
18072 Horseshoe Bay Circle
(Address)
Fort Myers, Florida 33967
(City, State and Zip Code)
KrisNic2@hotmail.com
E-mail address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Nakhle-Michael E. Moubarak (CPA) at (813) 814-7555
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$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 Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

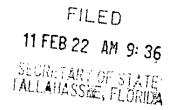
Certificate of Conversion

For

"Other Business Entity"

Into -

Florida Limited Liability Company



This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of		
Conversion is: #P0900042537		
(Enter Name of Other Business Entity)		
·		
2. The "Other Business Entity" is a Corporation		
(Enter entity type. Example: corporation, 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 May 13, 2009 .		
(Enter date "Other Business Entity" was first organized, formed or incorporated)		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:		
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:		
Sky's The Limit Personal Training, LLC .		
(Enter Name of Florida Limited Liability Company)		
5. If not effective on the date of filing, enter the effective date: 3-1-1 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)		
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion		

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this day of	20 <u>11</u>	
Individual signing affirms that the facts sta constitutes a third degree felony as provide		tion
Signature of Member or Authorized Represe Printed Name: MARCIA SCHUUIS	entative: Marcia Schish Title: Secretary	
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	ntity: Individual(s) signing affirm(s) that the fact ion constitutes a third degree felony as provided that tature(s).l	s stated in for in
Signature:	Title: President	
Printed Name: Nick Schuyer	Title: President	
Signature:		
Printed Name:	Title:	
Printed Name:	Title:	
Signature:	Title:	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:	mu d	
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
	Page 2 of 2	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sky's The Limit Personal Training, I (Must end with the words "Limited Liability Company, the abbrevia ARTICLE II - Address:	ation "L.L.C.," or the designation "LLC.")
The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16212 Swenson Terrace	18072 Horsehoe Bay Circle
Lutz, Florida 33549	Fort Myers, Florida 33967
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the regi	stered agent are:
Marcia Schuyler	
	lame Circle
18072 Horseshoe Bay	<u>r Circle</u> Sign まで
	O. Box NOT acceptable)

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 608, F.S..

FL 33967 City, State, and Zip

Fort Myers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Me	ember
MGRM	Nick Schuyler
	16212 Swenson Terrace
	Lutz, Florida 33459
	-
(Use attachment if necessa	ary)
•	
ARTICLE V: Effective date, if	other than the date of filing: 3-/-// (OPTIONAL)
	(
	be prior to nor more than 90 days after the date this document is filed by
	te; AND 2) must be the same as the effective date listed in the attached
Certificate of Conversion, if an	effective date listed therein.)
DECHINED CICAL TRIDE.	
REQUIRED SIGNATURE	
Signature of a mom	ber or an authorized representative of a member.
	· -
the penalties of perjury that the	5.408(3), Florida Statutes, the execution of this document constitutes an affirmation under a facts stated herein are true. I am aware that any false information submitted in a f State constitutes a third degree felony as provided for in s.817.155, F.S.)
Nick Schuyler	•
THOR CONTAGE	Typed or printed name of signee
	A1