(Re	equestor's Name)	
(Ad	ldr es s)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



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09/17/21--01020--006 **185.00

Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2021

NANCY DENGLER PILATES LOFT LLC 7039 BERGAMO WAY UNIT 202 FT MYERS, FL 33966

SUBJECT: PILATES LOFT LLC Ref. Number: W21000127788

We have received your document for PILATES LOFT LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. The District Please select a new name and make the correction in all appropriate places. One

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P03000050490. The names are very dishinguishable

✓ Please complete the marked sections in the Articles of Conversion. A signature is missing.

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),245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 421A00022946

COVER LETTER

TO: New Filing Section Division of Corporation	s	
SUBJECT: Suncoast Pilates Lo		
SUBJECT:	(Name of Resulting Florida Limi	ted Company)
		ion, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence	e concerning this matter to:	
Nancy Dengler		
(Contact	Person)	-
Pilates Loft LLC		
(Firm/Co	mpany)	-
7039 Bergamo Way Unit 202		
(Addr	ess)	-
Ft Myers, FL 33966		
(City, State ar	d Zip Code)	-
nancy@pilatesloftllc.com		
E-mail Address: (to be used for fu	ture annual report notifications)	-
For further information concern	ing this matter, please call:	
Nancy Dengler	at (²¹⁵	622-3092
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the follodollars and drawn on a bank loc		processed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 and Certification	Filing Fees S180.00 Filing and Certified Cop	
Mailing Address: New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	s	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. 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. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Pilates Loft LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
September 11, 2013 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Suncoast Pilates Loft LLC
(Enter Name of Florida Limited Liability Company)
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 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 11 day of October 2021	_ 20 <i>Q1</i>		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative: Amu. Printed Name: Nancy J Dengler	Yitle: Sole MBR, Manager		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]		
Signature: About A Demole-			
Signature: Name: Nancy Dengler Printed Name: Nancy Dengler	Title: Manager SOLE MBR		
Signature:	,		
Signature: Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	_ Title:		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:	70) I		
Printed Name:	1 itte:		
Signature:	Tiale		
Printed Name:	_ riue		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Co.	Officer		
If Directors or Officers have not been selected, an Inc			
If Florida General Partnership or Limited Liabilit	y Partnershin:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		
All others: Signature of an authorized person.		74. 21.	787
Fees:		.> ∷ ⊩	821 00.1.15
Articles of Conversion:	\$25.00	••	G
Fees for Florida Articles of Organization:	\$125.00	-	- 1
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)		5
Common Common	40.00 (Opiloimi)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - i	Name: e Limited Liability Comp	any is:				
Suncoast Pilates	Loft LLC (Must contain the words "Limited	I Linkility Company "L. L. C." o	- ".I.C.")		_	
	(Must contain the words "Limited	Liability Company, "L.E.C.," or	TILLC.)			
ARTICLE II - The mailing add	Address: dress and street address of	the principal office of th	ne Limited Lia	ability (Company	is:
Principal Offic	e Address:	Mailing Addres	ss:			
7039 Bergamo V	Vay Unit 202	7039 Bergamo W	ay Unit 202			
Ft Myers, FL 339		Ft Myers, FL 339			-	
					-	
(The Limited Liabili	 Registered Agent, Regity Company cannot serve as its own an active Florida registration.) 					
The name and t	he Florida street address o	of the registered agent are): 			
	Nancy J Dengler	•				
	Trailey of Derigion	Name		· . 	2021	
	7000 Paranes May Ur	.;. 000		t- ::	001	-
	7039 Bergamo Way Ur Florida street addres	rs (P.O. Box NOT accept	able)		2021 OC1 15	•
	Ft Myers	22066	,	•	<u></u>	
	City	FL 33900 Zip			PH 10: 55	•
	·			,		
liability co registered ago statutes rela	named as registered agent ompany at the place design ent and agree to act in this of the proper and con of obligations of my position	ated in this certificate, I h capacity. I further agree uplete performance of my	nereby accept to comply with duties, and La	the appo th the pi um fami	ointment rovisions liar with	as of all and
	Samen O B	Demole_				
	Registered Agent	Signature (REQUIREI	D)			

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR — Manager MGR	Nancy J Dengler
	7039 Bergamo Way Unit 202
	Ft Myers, FL 33966
	
	
 	
	• •
(Use attachment if necessary)	<u>-</u>
	• • • • • • • • • • • • • • • • • • •
LE V: Other provisions, if any.	b
EE V. Office provisions, if any.	
	~
REQUIRED SIGNATURE:	
\mathcal{N} $\Omega\Omega$.	
- Morney O De	Ngli-
' J	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am award
	nent to the Department of State constitutes a third degree f
Nancy J Dengler	
Ту	ped 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)