## W2000034704

CURVES FOR WOMEN - 10036 University Blvd Orlando, FL. 32817
(City/State/Zip/Phone #)
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## **CERTIFICATE OF CONVERSION**

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:
CURUES FOR WOMEN
COROLL TOR WORLEN
SECOND: The date on which and the jurisdiction in which the unincorporated business was first
created or otherwise came into being are:
A. Date: 10/11/02
B. Jurisdiction:
C. If different from the above noted jurisdiction, the jurisdiction immediately prior to
its conversion:
THE D. The same of the limited list tite.
THIRD: The name of the limited liability company as set forth in the <u>attached</u> articles of organization is:
CURVES FOR WOMEN LCC
$V_{i}$
Journa alleanh
Signature of a Member or an Authorized Representative of a Member (In accordance with section 608.408(3), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
DONNA PASKACH
Typed or Printed Name of Signee
FILING FEES:

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Filing Fee for Registered Agent Designation \$ 25.00 Filing Fee for Certificate of Conversion

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
CURVES FOR WOMEN LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability 10036 University Blvd, Orlando, Fl. 32817 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signs	
The name and the Florida street address of the registered agent are:	
DONNA PASKACH Name 1682 CANTON LN	
Florida street address (P.O. Box NOT acceptable)	
Oviedo FL 32765 City, State, and Zip	
liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the pestatutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter 60.  Registered Agent's Signature	provisions of all iar with and
(An additional article must be added if an effective date is requested	<b>d</b> )
Signature of a member or an authorized representative of a member.	₹ <b>o</b>
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	12 DEC 23
DONNA PASKACH Typed or printed name of signee	
Filing Fees:  \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)	VIDA