

L150000/5879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W# 129

Office Use Only



700267501447

01/27/15--01027--008 \*\*47.50

12/22/14--01029--001 \*\*137.50

FILED  
2015 JAN 27 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 27 2015  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 2, 2015

CHARLES T. CAVOLINA  
PO BOX 18152  
CLEARWATER, FL 33762

SUBJECT: XPONENTIAL IMPROVEMENT SERVICES, LLC  
Ref. Number: W15000000129

FILED  
2015 JAN 27 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

We have received your document for XPONENTIAL IMPROVEMENT SERVICES, LLC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file the Certificate of Conversion and Articles of Organization total \$150.00 (\$25 filing fee for the Certificate of Conversion, \$100 filing fee for the Articles of Organization, and \$25 for the Registered Agent Designation). Enclose an additional \$30 for each certified copy requested and an additional \$5 for each certificate of status requested.

There is a balance due of \$47.50.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 115A00000035

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: XPONENTIAL IMPROVEMENT SERVICES, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

CHARLES T. CAVOLINA

(Contact Person)

XPONENTIAL IMPROVEMENT SERVICES, LLC

(Firm/Company)

6601 SOUTH WESTSHORE BLVD

(Address)

TAMPA, FL 33616 UNIT 4103

(City, State and Zip Code)

CCAVOLINA1764@GMAIL.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

CHARLES T. CAVOLINA at ( 781 ) 953-3673

(Name of Contact Person)

(Area Code)

(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

☒ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
2015 JAN 27 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** 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:

XPONENTIAL IMPROVEMENT SERVICES, LLC  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC.  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of MASSACHUSETTS, USA  
on OCTOBER 10, 2013.  
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

XPONENTIAL IMPROVEMENT SERVICES, LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: FEBRUARY 1, 2015  
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)

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

FILED  
2015 JAN 27 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Signed this 19 day of JANUARY 20 15.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Charles T. Cavolina  
Printed Name: CHARLES T. CAVOLINA Title: PRESIDENT

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: Charles T. Cavolina  
Printed Name: CHARLES T. CAVOLINA Title: PRESIDENT

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of **ALL** General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED  
2015 JAN 27 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Xponential Improvement Services, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6601 S. West Shore Blvd  
Unit 4103  
Tampa, FL 33616

Mailing Address:

P.O. Box 18152  
Clearwater, FL 33762

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CHARLES T. CAVOLINA

Name

6601 S. West Shore Blvd. Unit 4103

Florida street address (P.O. Box NOT acceptable)

Tampa FL 33616

City

Zip

*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..*

Charles T. Cavolina

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2015 JAN 27 PM 4:43  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

PRES.

**Name and Address:**

CHARLES T. CAVOLINA

6601 WESTSHORE BLVD UNIT 4103

TAMPA, FL 33616

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Charles T. Cavolina

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CHARLES T. CAVOLINA

Typed 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)**

**FILED**  
2015 JAN 27 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA