L1500052715

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2015 HAR -9 - PH 4: 02

COVER LETTER

Division of C	Corporations				
SUBJECT: The Bo	x, LLC				
SUBJECT:	(Name	of Resulting Florida	Limite	ed Company)	
				nd fees are submitted to convert an "O accordance with s. 605.1045, F.S.	ther
Please return all corr	espondence concernin	g this matter to:			
John Ainsworth, E	sq.				
Perez-Roura Ainsv	(Contact Person) vorth, PLLC				
1111 Brickell Ave.,	(Firm/Company) 11th Floor				
Miami, FL 33131	(Address)				
arcoachfitness@gi	City, State and Zip Code) mail.com				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
John Ainsworth, Es	sq.	305	600	-3816	
(Name of Conta	ict Person)		(Day	ytime Telephone Number)	
Enclosed is a check t	or the following amou	int:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES Registration Section Division of Corporat Clifton Building		Registra	ation S n of C	Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO: Registration Section

FILED

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

2015 MAR -9 PM 4: 02

SELECTION OF STATE
TALLAHASSEE, FLORIDA

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 Busin The Box, Inc.	pess Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity"	corporation is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorp	Florida orated under the laws of
11/02/2014 on	(Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation or	incorporation)
3. The name of the Florida Limi	ted Liability Company as set forth in the attached Articles of Organization:
The Box, LLC	
(Enter Na	me of Florida Limited Liability Company)
(The effective date: 1) cannot date this document is filed by t	filing, enter the effective date: be prior to date of receipt or filed date nor more than 90 days after the he Florida Department of State; <u>AND</u> 2) must be the same as the effective cles of Organization, if an effective date is listed therein.)
5. The plan of conversion has be	en approved in accordance with all applicable statutes

Page 1 of 2

Signed this 4th day of March	20 <u>15</u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative:	News
Signature of Authorized Representative:	James Ox
Printed Name: Ana Rios	Z-Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature:	
Printed Name: Ana Rios	Title: <u>Director</u>
Signature: WWW KNOW	\sim
Printed Name: Claudia Estrada	Title: Director
Ciamatana.	
Signature:Printed Name:	Title
Timed Name.	True
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	little:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnarchin:
Signature of one General Partner.	ty farmership.
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
A II adh assa	
All others: Signature of an authorized person.	
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Box, 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:	Mailing Address:
1930 N Miami Ave	1930 N Miami Ave
Miami, FL 33136	Miami, FL 33136

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:

Perez-Roura Ainswo	orth, PLLC
	Name
1111 Brickell Ave., 1	1th Floor
Florida street address	s (P.O. Box <u>NOT</u> acceptable)
Miami	_{FL} 33131
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.

Registereti Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe	r
"MGR" = Manager MGR	Ana Rios
	1930 N Miami Ave
	Miami, FL 33136
MGR	Claudia Estrada
	1930 N Miami Ave
	Miami, FL 33136
	Miami, FL 33136
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rective date is listed, the date days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mean accordance with section 605.0 institutes an affirmation under the aware that any false information.	must be specific and cannot be more than five business da
ELE V: Effective date, if other the ffective date is listed, the date days after the date of filing.) ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men accordance with section 605.0 institutes an affirmation under the maware that any false information.	ember or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State
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Page 2 of 2

ARTICLE IV-