L1500014742

(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:
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24th

Office Use Only



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PILEU
2015 APR 24 M 9 02
SECRETARY OF STATE
SECRETARY OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 603270 4322335
AUTHORIZATION melle le man
COST LIMIT (\$150.00
ORDER DATE : April 24, 2015
ORDER TIME : 2:32 PM
ORDER NO. : 603270-005
CUSTOMER NO: 4322335
DOMESTIC AMENDMENT FILING NAME: FRONTLINE PERFORMANCE GROUP INTERNATIONAL, INC.
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Lydia Cohen EXT# 62974

EXAMINER'S INITIALS:



10 . Co

April 27, 2015

RESUBMIT

CSC LYDIA COHEN Please give original submission date as file date.

SUBJECT: FRONTLINE PERFORMANCE GROUP INTERNATIONAL, LLC

Ref. Number: W15000029241

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

The wrong conversion form was submitted.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 115A00008459



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frontline Performance Group International, LLC

(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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Amy Brown			
	(Contact Person)		
Katz Teller			
	(Firm/Company)	· · · · ·	
255 E. Fifth St.	Suite 2400		
	(Address)		
Cincinnati, OH	45202		
((City, State and Zip Code)		
abrown@katzte	eller.com		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Amy Brown		_{at (} 513)721	-4532
(Name of Conta	ict Person)	(Area Code) (Day	time Telephone Number)
Enclosed is a check f	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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING A	ADDRESS:
Registration Section		Registration S	Section
Division of Corporat	ions	Division of C	orporations
Clifton Building		P. O. Box 632	27
2661 Executive Cent		Tallahassee, I	FL 32314
Tallahassee, FL 323	01		

FILED

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

2015 APR 24 AM 9 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Frontline Performance Group International, Inc. $93 - 92050$
(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
an 11/12/2013 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Frontline Performance Group International, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (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 ss. 605 1041-605 1046.

Page 1 of 2

Signed this 28th	day of April	20 <u>15</u> .	
Signature of A	uthorized Representative	e of Limited Liability Company:	
Signature of Aur Printed Name: Zie	thorized Representative: _	Title: President	
	į	Entity: [See below for required signature	e(s).
	r ·		
Printed Name: Zia	ad Khoury	Title: President	
Printed Name:		Title:	
Signature:		Title:	
Signature:		Title:	
Printed Name:		11118:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
	irman, Vice Chairman, Dire	ector, or Officer. ed, an Incorporator must sign.	
If Florida Gener	al Partnership or Limited	l Liability Partnership:	
Signature of one			
If Florida Limite Signatures of AL	ed Partnership or Limited <u>L</u> General Partners.	Liability Limited Partnership:	
All others: Signature of an a	uthorized person.		
Fees:			
Fees for I Certified	of Conversion: Florida Articles of Organiz Copy: e of Status:	\$25.00 zation: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

s:
pility Company, "L.L.C.," or "LLC.")
principal office of the Limited Liability Company is:
Mailing Address:
1075 W. MORSE BLVD. WINTER PARK, FL 32789

ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
registered agent are:
ne
O. Box NOT acceptable)
EI 22780
FL 32789 Zip
to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S
gnature (REQUIRED)
NUED)

Page 1 of 2

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager _{MGR}	Ziad Y. Khoury		
	1075 W. MORSE BLVD. WINTER PARK, FL 32789	-	
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(Use attachment if necessary)			
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Page 2 of 2