

L160000070584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

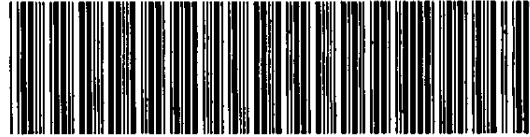
(Business Entity Name)

(Document Number)

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

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2016 APR -5 PM 3:09  
SECRETARY  
CALLAHAN  
FLORIDA

APR 12 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L A WARD FITNESS, 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:

**W. DENIS SHELLEY, ESQ.**

(Contact Person)

**LEGACY LAW ASSOCIATES, P.L.**

(Firm/Company)

**313 South Palmetto Ave.**

(Address)

**Daytona Beach, Florida 32114**

(City, State and Zip Code)

**shelley@legacylaw313.com**

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

For further information concerning this matter, please call:

**Denis Shelley** at **(386) 252-2531**

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

\$150.00 Filing Fees (\$25 for Conversion and \$125 for Articles)

STREET ADDRESS: MAILING ADDRESS:

Registration Section Registration Section

Division of Corporations Division of Corporations

Clifton Building P. O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

ARTICLES OF CONVERSION  
FOR  
"LaWARD FITNESS, INC."  
INTO  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
2016 APR -5 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Section 605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

**LaWARD FITNESS, INC.**

2. LaWARD FITNESS, INC. (the "Other Business Entity") is a **FLORIDA CORPORATION**, first organized, formed or incorporated under the laws of **FLORIDA** on 06/18/2001.

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

**LaWARD FITNESS, LLC**

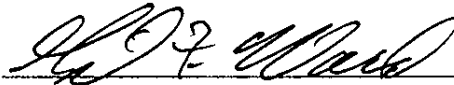
4. The effective date is the date of filing.

5. The plan of conversion has been approved in accordance with Sections 607.1112 thru 607.1114 and 605.1041-605.1046, Florida Statutes.

Signed this 21<sup>st</sup> day of March, 2016 .

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: \_\_\_\_\_

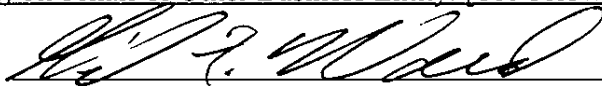


Printed Name: GIL F. WARD

Title: MANAGER

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

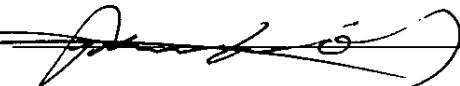
Signature : \_\_\_\_\_



Printed Name: GIL F. WARD

Title: President/Director

Signature : \_\_\_\_\_



Printed Name: JOHN WARD

Title: Vice-President

Signature : \_\_\_\_\_



Printed Name: SHELLIE LANES

Title: Treasurer

**ARTICLES OF ORGANIZATION FOR**  
**LaWARD FITNESS, LLC**  
A Florida Limited Liability Company

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **LaWARD FITNESS, LLC.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**20 Winchester Road, Ormond Beach, Florida 32174.**

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

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

Name: **GIL F. WARD**

Address: **20 Winchester Road, Ormond Beach, Florida 32174**

NOTE: Use Florida street address (P.O. Box NOT acceptable)

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..

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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

Title: Manager

Name : GIL F. WARD

Address: 20 Winchester Road, Ormond Beach, Florida 32174

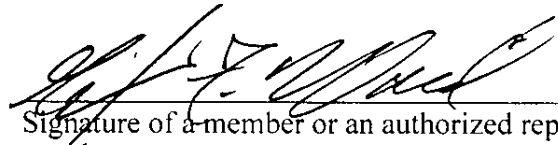
**ARTICLE V: Effective date, if other than the date of filing: .**

The effective date is the date of the filing of these Articles.

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

NONE

**REQUIRED SIGNATURE:**

 Print Name: GIL F. WARD Date: 3-21-16  
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.)