(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

W14-173/8



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APR 2 (2016)

S. GILBERT

COVER LETTER

Tallahassee, FL 32314

INHS11 (06/15)

2661 Executive Center Circle

Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2016

SUSAN BURKE 7800 W. SAND LAKE ROAD SUITE 214 ORLANDO, FL 32819

SUBJECT: PERFORMANCE PILATES, L.L.C.

Ref. Number: W16000012318

We have received your document for PERFORMAMCE PILATES, L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership of limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership of limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of 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) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 816A00003429

15 APR -6 MIG 53

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

16 APR 25 AH 8: 10

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 Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a S-COY D C. (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
on 2007 (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:
Performance Pilates, L.L.C.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10 L 2016. (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Signed this 27 day of 5	may 20 lb.
Signature of Authorized Representat	ive of Limited Liability Company:
Signature of Authorized Representative	: Susan Burle
Printed Name: Susan Bur	: Susan Purle le Title: President
	ss Entity: [See below for required signature(s)]
Signature: Susan Prul	rhe Title: President
Printed Name: Susah Bu	rhe Title: President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	mt.1
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature:	Title:
Timed Tunie.	Titte.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, I	
If Directors or Officers have not been sele	ected, an Incorporator must sign.
<u>If Florida General Partnership or Lim</u>	ited Liability Partnershin
Signature of one General Partner.	ted Dabitty Farthership.
If Florida Limited Partnership or Limi	ited Liability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25,00
Fees for Florida Articles of Orga	•
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:
Pertormance Pilates LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Susan Bruke sone
7800 W. Savel Lake 12d. Suita 214, Orlavew 17132819
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:
Susan Burke Performance Pilates, Un Name 7800 W. Sard Lake Rd, Suite 214
$7000 \cdot 1000 \cdot $
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32819 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
Suren Prusho -
Registered Agent's Signature (REQUIRED)

(CONTINUED)

T:410	Nome and Addresses
<u>Title:</u> "AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager)
Le Si d M	Duson Grule
the state of	7800 IN Sprod Lake Rd.
	Dr. (1) 1 328/6
	- C.
	(
	than the date of filing: (OPTIONAL)
CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing. If the date inserted in this block does not's effective date on the Department	than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days not meet the applicable statutory filing requirements, this date will not be listed to f State's records.
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