L16000103196

(Requestor's Name)		
(Address)		
(Address)		
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
W16-3	3209	

Office Use Only



600284985866

04/28/16--01022--014 **150.00

TILED

16 MAY 24 AM 8: 01

SECRETARY OF STATE
FALLAHARSTER STATE

114

COVER LETTER

	Registration S Division of Co			
SUBJEC	ст: <u>Ну</u> р	perion Custo	om Physique of Resulting Florida Dirhite	es LLC d Company)
			-	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please re	eturn all corre	espondence concerning	g this matter to:	
		(Contact Person) ustom Phys (Firm/Company)		
(0?	or Sp	ring Street (Address)		
Gr	een Con	Le Springs F City, State and Zip Code)	L 32043	
		<u>-hieve Fitness(</u> e used for future annual rep		
For furth	ner informatio	on concerning this mat	ter, please call:	
	neth S Name of Contac	chulze ct Person)		45-8905 time Telephone Number)
Enclosed	d is a check fo	or the following amou	nt:	
\$150.00 (\$25 for Co & \$125 for of Organiz	r Articles	□\$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
Registrat Division Clifton B	T ADDRESS tion Section of Corporati Building	ons	MAILING A Registration S Division of C P. O. Box 632	Section forporations 27

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2016

KENNETH P. SSCHULEZ 627 SPRING STREET GREEN COVE SPRINGS, FL 32043

SUBJECT: HYPERION CUSTOM PHYSIQUES INC.

Ref. Number: W16000033209

We have received your document for HYPERION CUSTOM PHYSIQUES INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 616A00009484

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED

16 HAY 24 AM 8: 01

SECRETARY OF STATE ALLAHASSEE FLORID:

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: Hyperion Custom Physiques Inc. P12-6783.1 (Enter Name of Other Business Entity)
(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
(Enter state or if a non-II S entity the name of the country)
on 806 2012 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Hyperian Custom Physiques LLC (Enter Name of Florida Limited Liability Company)
(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; <u>AND</u> 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.

Page 1 of 2

Signed this 25th day of APTI	20 16 FILED	
Signature of Authorized Representative of Limit	ted Liability Company: 16 MAY 24 AM 8: 01	
Signature of Authorized Representative: Printed Name: Kenneth Presson Schulze	Title: Owner/Prostloating Direction	
Signature(s) on behalf of Other Business Entity:		
Signature: Renneth Preston Schulze	2 Title: Owner/President/representation	e
Signature: Printed Name:	_Title:	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Hyperion Custom Phy (Must end with the words "Limited Liability	VS19URS LLC y Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Green Cove Springs FL 32843	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Kenneth P. S.	chulze AHAY
627 Spring Florida street address (P.O.	Street Box NOT acceptable)
Green Cove Spring City	S FL 32043
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pa	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	ature (REQUIRED)
(CONTINU	J ED)

Page 1 of 2

ARTICLE IV-		·
The name and address of each person Company:	authorized to manage and cor	· · · · · · · · · · · · · · · · · · ·
. ,		FILED
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	16 MAY 24 AM 8:01
"MGR" = Manager	Kenneth P. S.	SECRETARY OF STATE NOTE: STATE
p-10/L	627 Spring	<u>8t. </u>
	Green CoveSpr	ings FL 32043
		
(Use attachment if necessary)		
•		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must	date of filing:	(OPTIONAL)
to or 90 days after the date of filing.)	•	• •
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's		ements, this date will not be listed as the
·		
ARTICLE VI: Other provisions, if any.		•
REQUIRED SIGNATURE:	A.F.	
Kenneth P.	Schulze /	
Signature of a member	r or an authorized represent:	
I am aware that any false inform	scordance with section 605.0203 (1) ation submitted in a document to the	(b), Florida Statutes. Department of State
constitutes a third degree felony	as provided for in s.817.155, F.S.	
Kenneth P.	Schulza- ped or printed name of signee	<u>.</u>
Тур	ped 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)
Page 2 of 2