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



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COVER LETTER

10;	Division of C			
SURIE	CT. BESTU	COACHING SERVICES I	INC	
SUBSE			of Resulting Florida Li	cimited Company)
				n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to:	
LEON E	BALZA			
	 	(Contact Person)		
L & N C	GENERAL FILIN	IG SERVICES INC		
		(Firm/Company)		
8181 NV	W 36TH ST STE	20 E		
		(Address)		
DORAL	. FL 33166	,		
	(0	City, State and Zip Code)		
LNGRA	LFILING@YAH	IOO.COM		
E-ma	ail Address: (to be	e used for future annual re	port notifications)	
For fur	ther information	on concerning this ma	tter, please call:	
LEON B	BALZA		_at $(\frac{786}{})^2$	235-0909
	(Name of Contact	ct Person)	(Area Code)	(Daytime Telephone Number)
Enclose	ed is a check for	or the following amou	int:	
(\$25 for	.00 Filing Fees Conversion for Articles iization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Feand Certified Copy	
STREE	ET ADDRESS	S:	MAILIN	NG ADDRESS:
Registra	ation Section			ion Section
	n of Corporati	ons		of Corporations
	Building	a: .	P. O. Box	
	xecutive Cente ssee, FL 3230		Tallahasse	see, FL 32314

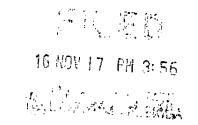
INHS11 (06/15)

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company



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: BEST U COACHING SERVICES INC	
(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	
03/02/2016 (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 BEST-U COACHING SERVICES LLC	1:
(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.) 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 10T	H day of NOVEMBER	20_16	
Signature of A	uthorized Representative of Limi	ited Liability Company:	
Signature of Au Printed Name:	uthorized Representative:	Title: AUTHORIZED MEMBER	-
Signature(s) on	behalf of Other Business Entity:	[See below for required signature(s)]	
Signature:	Micholians	Title: PRESIDENT	
Printed Name:	LORIÁ VISCIDO	Title: PRESIDENT	- -
Signature:	_		
Printed Name:_		Title:	LN
Signature:			
Printed Name:_		Title:	
Signature:		Title:	174. —1
Printed Name:_		Title:	
Signature:		Title:	- <u> </u>
Printed Name:_		Title:	
Signature:		Title:	-
Printed Name:_		Ittle:	-
	poration: airman, Vice Chairman, Director, or e Officers have not been selected, an Inc		
If Florida Gene Signature of one	eral Partnership or Limited Liabili General Partner.	ty Partnership:	
<u>If Florida Limi</u> Signatures of <u>Al</u>	<u>ted Partnership or Limited Liabilit</u> L <u>L</u> General Partners.	ty Limited Partnership:	
All others: Signature of an a	authorized person.		
Fees:			
Fees for Certified	of Conversion: Florida Articles of Organization: d Copy: ate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BEST U COACH	ING SERVICES LLC		
	(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing add	dress and street address of the	principal office of the Limited Li	ability Company is:
Principal Offic	ee Address:	Mailing Address:	
3653 NW 12ND T	FRRACE	3653 NW 122ND TEDDACE	
3653 NW 12ND T SUNRISE, FL 333	*****	3653 NW 122ND TERRACE SUNRISE, FL 33323	
SUNRISE, FL 333 ARTICLE III	- Registered Agent, Registe	3653 NW 122ND TERRACE SUNRISE, FL 33323 red Office, & Registered Agent's registered Agent. You must designate an indivi	
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registe	SUNRISE, FL 33323 red Office, & Registered Agent's registered Agent. You must designate an indivi	
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registery Company cannot serve as its own Registration.)	sunrise, FL 33323 red Office, & Registered Agent's registered Agent. You must designate an individue registered agent are:	
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registery Company cannot serve as its own Registration.) he Florida street address of the GLORIA	sunrise, FL 33323 red Office, & Registered Agent's registered Agent. You must designate an individue registered agent are:	
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registery Company cannot serve as its own Registration.) he Florida street address of the GLORIA	sunrise, FL 33323 red Office, & Registered Agent's registered Agent. You must designate an individue registered agent are: VISCIDO me	
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registery Company cannot serve as its own Registration.) he Florida street address of the GLORIA Na 3653 NW 122N	sunrise, FL 33323 red Office, & Registered Agent's registered Agent. You must designate an individue registered agent are: VISCIDO me	dual or another
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registery Company cannot serve as its own Registration.) he Florida street address of the GLORIA Na 3653 NW 122N	SUNRISE, FL 33323 red Office, & Registered Agent's registered Agent. You must designate an individue registered agent are: VISCIDO IMPERIORE ID TERRACE	

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)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Men	Name and Address:	
"MGR" = Manager	•	
AMBR	GLORIA VISCIDO	
	3653 NW 122ND TERRACE	
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FICLE V: Effective date, if other on effective date is listed, the date of 90 days after the date of filing. If the date inserted in this block does ment's effective date on the Department of	r than the date of filing:	days p

Page 2 of 2

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company: