700230026

		(Requestor's Name)
		(Address)
		(Address)
		(City/State/Zip/Phone #)
	PICK-U	P WAIT MAIL
		(Business Entity Name)
		(Document Number)
Certifie	d Copies	Certificates of Status
Spec	al Instruction	s to Filing Officer:
		Office Use Only

M. MOON

NOV 08 2017



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TAN 8: 01 17-NOV-7 AN 2: 28

CORPORATION SERVICE COMPANY 1201 Hays Street

TallHassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 892841 8140018

AUTHORIZATION :

COST LIMIT

ORDER DATE: November 1, 2017

ORDER TIME : 1:06 PM

ORDER NO. : 892841-020

CUSTOMER NO: 8140018

DOMESTIC AMENDMENT FILING

NAME: COACHTHEWORLD, INC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT XX

RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

Articles of Conversion

For Other D.

t		"Other Business Entity"
ĺ		Into
ŀ		Florida Limited Liability Company
1]	
	he Articles Other Bus	of Conversion and attached Articles of Organization are submitted to convert the following ness Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida
	tatutes.	of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Ī	COACHTHE	WORLD, INC
1	i	(Enter Name of Other Business Entity)
	The "Oak	Corporation
ĺ	The Oil	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
l	1	
F	iret organiz	ed. formed or incorporated under the laws of
î	n'si Organiz	(Enter state, or if a non-U.S. entity, the name of the bountry)
į	1	(Enter state, of it a non-old, the name of the country)
Ì	06/06/2017 n	
Ĭ	(date of or	anization, formation or incorporation)
3	The name	of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
í	OACHTHEV	YORLD, LLC
i	 	(Enter Name of Florida Limited Liability Company)
- 1	1	ctive on the date of filing, enter the effective date:
٠,	1	e date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
		document is filed by the Florida Department of State.)
		e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
d	doument's effe	ctive date on the Department of State's records.
! 5 	The plan o	f conversion has been approved in accordance with all applicable statutes.
6		erted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.
		TO MOLY THE EST OF AM B. O.

11	1	1	i l
			,
		5.4	
Signo	ed this 2 day of Wyork) ev	20 17	
il .			
Sign	ature of Authorized Representative of Limit	ted Liability Company:	
Signa	ature of Authorized Representative:		
Printe	ed Name:	Title:	<u> </u>
Sions	ature(s) on habolf of Other Business English t		
	ature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signa	ature:		
Printe	ed Name: JESSICA E. MEIER	Title: President	
Signa	ature:		
Print	ature:ed Name:	Title:	[
. II			}
Print	ature:ed Name:	Title;	<u> </u>
- 11			
Print	ature: ed Name:	Title:	İ
1			
Sign:	ature:ed Name:	Title:	1
Sign	ature: ted Name:	Title:	†
Print	ed Name.	The.	<u>†</u>
If Fl	orida Corporation:	055	
Signa	ature of Chairman, Vice Chairman, Director, or rectors or Officers have not been selected, an Inc	corporator must sign.	
il il			
<u>If Fl</u>	orida General Partnership or Limited Liabili	ty Partnership:	
`	ature of one General Partner.		
H Fl	orida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Sign	atures of ALL General Partners.		1 1
Allo	others:		17 MOV - 2
Sign	ature of an authorized person.		100
Essa			
Fees	<u>-</u>	<u>.</u>	AH 8: 6
#	Articles of Conversion:	\$25.00	7
	Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Optional)	
	Certified Copy: Certificate of Status:	\$5.00 (Optional)	1 27
!! .	Cutificate of States.	· · · · · · · · · · · · · · · · · · ·	1 1

AR		CLES	OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN	
ŀ		i	1	NY
			Name:	
Th	È 1	iame of t	he Limited Liability Company is:	
				4
Q Q	il O	! ACHTHE\	VORLD, LLC	
			(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
]			l ·	
			- Address:	
In	(e) []	mailing a	ddress and street address of the principal office of the Limited Liability Company	y is:
	F)	}		
	Ī		Mailing Address:	
			ESE AVE. 10722 DONBRESE AVE.	
<u>T/</u>	AN	PA, FL 3	615 TAMPA, FL 33615	
	<u> </u> -	<u> </u>		
ΑT	<u>U</u>	Tolet	H. Davistanda a n. t.	
(Th		imited Lial	I - Registered Agent, Registered Office, & Registered Agent's Signature: ality Company cannot serve as its own Registered Agent. You must designate an individual or another	
bu	isir	ess entity v	th an active Florida registration.)	
Th		i name and	the Florida street address of the registered agent are:	
			The French during of the registered agent are.	
			Corporation Service Company	
			Name	
	1		1201 Hove Street	
		•	Florida street address (P.O. Box NOT acceptable)	
		1	I fortda succi address (1.0. box 1.01 acceptable)	
		•	Tallahassee FL 32301	
		,	City Zip	
	H	aving be	en named as registered agent and to accept service of process for the above stated l	imitea Lac
		liability	company at the place designated in this certificate, I hereby accept the appointmen agent and agree to act in this capacity. I further agree to comply with the provision	s of all
•	1	gisterea e	elating to the proper and complete performance of my duties, and I am familiar with	h and
		accept	the obligations of my position as registered agent as provided for in Chapter 605, F Roxanne Turne	.S.]
			Asst. Vice Presid	ent
		•	Asst. Vice (1856)	l
		1	District (PEOLIPED)	,
			Registered Agent's Signature (REQUIRED)	1
	II	1	(CONTINUED)	

	The name and address of each per Company:	erson authorized to manage and control the Limited Liability	
	Title: "AMBR" = Authorized Member	Name and Address:	
	"MGR" = Manager AMBR	JESSICA E. MEIER 10722 DONBRESE AVE.	
		TAMPA, FL 33615	
		- 17 - 17	
- H !			
		E 0	
	(Use attachment if necessary)	<u> </u>	
	(Use attachment if necessary)	8 3	
<u>tl .</u>	ICLE V: Other provisions, if any.	8 3	
ART	ICLE V: Other provisions, if any.	8 3	
<u>tl .</u>	ICLE V: Other provisions, if any.	8 3	
<u>tl .</u>	REQUIRED SIGNATURE: Signature of a member This document is executed in accord any false information submitted in a cord	8 3	
<u>tl .</u>	REQUIRED SIGNATURE: Signature of a member This document is executed in accord	or an authorized representative of a member lance with section 605.0203 (1) (b), Florida Statutes. I am aware that document to the Department of State constitutes a third degree felony	
<u>tl .</u>	REQUIRED SIGNATURE: Signature of a member This document is executed in accord any false information submitted in a c as provided for in s.817.155, F.S. JESSICA E. MEIER	or an authorized representative of a member lance with section 605.0203 (1) (b), Florida Statutes. I am aware that document to the Department of State constitutes a third degree felony Typed or printed name of signee Filing Fees	
<u>tl .</u>	REQUIRED SIGNATURE: Signature of a member This document is executed in accord any false information submitted in a c as provided for in s.817.155, F.S. JESSICA E. MEIER	or an authorized representative of a member lance with section 605.0203 (1) (b), Florida Statutes. I am aware that document to the Department of State constitutes a third degree felony Typed or printed name of signee Filing Fees les of Organization and Designation of Registered Agent	
<u>tl .</u>	REQUIRED SIGNATURE: Signature of a member This document is executed in accord any false information submitted in a c as provided for in s.817.155, F.S. JESSICA E. MEIER \$125.00 Filing Fee for Article	or an authorized representative of a member lance with section 605.0203 (1) (b), Florida Statutes. I am aware that document to the Department of State constitutes a third degree felony Typed or printed name of signee Filing Fees les of Organization and Designation of Registered Agent	