# L19000159097

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TO: New Filing Section Division of Corporat	ions		•	
SUBJECT: Love		. Family		
	(Name of Resi	dting Florida Limit	ed Comp	pany)
		_		I fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Please return all corresponde	ence concerning	this matter to:		
Loretta Bate	?S			
(Cont	act Person)			
Loretta Bates f	Family Fit	ness		
	/Company)			
13736 NW 2	15t St			
(A	Address)			
_ Pembroke P	ines, FL	33028		
(City, Stat	e and Zip Code)			
lorettabates@	gmail. u	$\sigma \gamma$		
E-mail Address: (to be used for	or future annual rep	ort notifications)	•	
For further information conc	cerning this mat	ter, please call:		
Loretta Batcs		at ( 1000) 281	30'	9 8880
(Name of Contact Person	n)	(Area Code)	(Dayti	ime Telephone Number)
Enclosed is a check for the f dollars and drawn on a bank			rocesso	ed by this office must be payable in US
	5.00 Filing Fees rtificate of	□\$180,00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
STREET ADDRESS:		MAILI	NG A	DDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



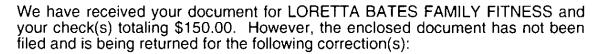
# FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2019

LORETTA BATES 13736 NW 21S ST PEMBROKE PINES, FL 33028

SUBJECT: LORETTA BATES FAMILY FITNESS

Ref. Number: W19000056240



The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.



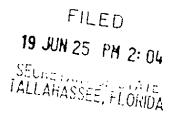
# Articles of Conversion

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:
Leretta Bates Family Fitness LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of North Carolina
(Enter state, or it a non-0.5, entity, the name of the country)
on 12/30/2011
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Loretta Bako Family Fitness 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: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
<u>Note:</u> 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.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed th	his 31 day of May	20_19
Signatur	re of Authorized Representative of Limit	ed Liability Company:
Signature Printed N	e of Authorized Representative: July	to BA Tille: President
<u>Signatur</u>	re(s) on behalf of Other Business Entity:  S	See below for required signature(s)
Signature Printed N	e: Jueldo Bulst Name: Loretta Bates	Title: President lowner
Signature Printed N	e: Name:	_ Title:
Signature Printed N	e: Name:	_ Title:
Signature Printed N	e: Vanne:	Title:
	e: Vame:	
Signature Printed N	e: Name:	_ Title:
Signature	l <u>a Corporation:</u> e of Chairman, Vice Chairman, Director, or C ors or Officers have not been selected, an Inc	
	la General Partnership or Limited Liabilit e of one General Partner.	<u>y Partnership:</u>
	l <mark>a Limited Partnership or Limited Liabilit</mark> es of <u>ALL</u> General Partners.	y Limited Partnership:
All other Signature	rs: e of an authorized person.	
Fees:		
F	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

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The name of the Limited Liability Company is:

Liretta Bates family Fitness LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

# **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

#### **Principal Office Address:**

Mailing Address:

Pembroke Pines

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:

13736 NW @ 219.St

Florida street address (P.O. Box NOT acceptable)

Pembroice Pines FL

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.,

gnature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Mar_Manager	Loretta Bates 13736 NNZ15+S+ Pembroke Pines, FL 33025
	- runs , ro soot
	Tr.
(Use attachment if necessary)	SSEE FLORID
LE V: Other provisions, if any.	
DEQUIDER CLOSATUDE.	
REQUIRED SIGNATURE:	<b>-</b>
Signature of a member or	an authorized representative of a member
<ul> <li>This document is executed in accordance</li> </ul>	with section 605,0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felonger.
	Bates  ped or printed name of signee
Loretto	C DEGLES

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

ARTICLE IV-