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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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July 8, 2019

GERARD RUCK 317 HAMPTON HILLS COURT DEBARY, FL 32713

SUBJECT: GET FIT NOW LLC Ref. Number: W19000062417

We have received your document for GET FIT NOW LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Keyna E Page Regulatory Specialist II

Letter Number: 619A00013679

RECEIVED
JUL 1 8 2019

COVER LETTER

GETFIT NOW ONLINE LLC

SUBJECT: GETFIT NOW ONLINE LLC
SUBJECT: GET FIT WOW ONLINE LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
(Contact Person)
(Contact Person)
GET FIT NOW LLC
GET FIT NOW 21-C (Firm/Company)
317 HAMNICON HILLS CT. (Address)
(Address)
DEBARY FLORIDA 32713 (City, State and Zip Code)
(City, State and Zip Code)
SYMMETRY 225@ YHHOD, CDM
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (SED) 614-7664 (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & and Certificate of Status) S150.00 Filing Fees and Certified Copy S180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status Of Organization)
STREET ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

TO: New Filing Section Division of Corporations

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: $(\mathcal{L}^{*})^{*} = (\mathcal{L}^{*})^{*} = $
	GET FIT NOW LLC (Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a 21017E1 2.111812179 COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
Fi	st organized, formed or incorporated under the laws of
or	DECENTIBELL S DULL. (date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
_	GET FIF NOW のNLINE LLC. (Enter Name of Florida Limited Liability Company)
th No	If not effective on the date of filing, enter the effective date:
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.
	19 JUL 24 TÄLLÄHASSE

Signed this day of	_ 20 <i>_20</i> .
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: 160 Printed Name: 660 Printed Name: 160 Prin	Till Middle This Maine Coll
Printed Name: GENTAL PURE	_ Ittle: _ /b/19/1/3/19/5 /rtember
Signature(s) on behalf of Other Business Entity:	
Signature: Level Ruck Printed Name: CEKINGU RUCK	
Printed Name: CEKTIKED KUCK	Title: MANDGING MEMBER
Signature: Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	PW- 1
Printed Name:	Title:
Signature:Printed Name:	Title
Filmed Name.	
Signature:Printed Name:	Title
Timed Name.	
Signature: Printed Name:	Title
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	19.
Signature of an authorized person.	
<u>Fees:</u>	SEE SEE
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \(\overline{\pi} \) \(\overline

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	:
GET TITNOW ONLINE	LLC
(Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
317 HAMPTON HILLS CT. DEBARY FLORIDA 32713	317 HATIMETON HILLS () DEBHAY FLORIDA 32713
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
The name and the Florida street address of the Name	
317 Infall 17XV	HILL-S CT
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
DEBAKY	<u>FL 32713</u> Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
Level)	Lust 19 7
Registered Agent's Sig	ASSEE

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

WGR" = Manager CERARY RUCK 377 HAMPTON HILLS CO DEGARY I L 32713 DEGARY I	<u> Fitle:</u>	Name and Address:
CERARY RUCK 317 Hamston Hills Co Degard 1 1 32713 (Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155. F.S. Typed or printed name of signee Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status Option	'AMBR" = Authorized Member	
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