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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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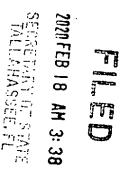
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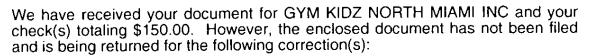
# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2020

ANTONIO REUJO 12550 BISCAYNE BLVD, #110 MIAMI, FL 33181

SUBJECT: GYM KIDZ NORTH MIAMI INC

Ref. Number: W2000006988



As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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: 420A00001852

www.sunbiz.org

### COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 6 YM KIDZ No Filh M (Name of Resulting Florida I	lioni Inc.
(Name of Resulting Florida I	.imited Company)
The enclosed Articles of Conversion, Articles of Organi Business Entity" into a "Florida Limited Liability Comp	zation, and fees are submitted to convert an "Other bany" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter	to:
Regulo Company)	
Regulo Low	
12550 BISCAYNE- Blvd #110	
12550 BISCAYNE BIND #116  (Address)  MIOM, FL 3318)  (City. State and Zip Code)  GREGOOD REGODELOW. COM  E-mail Address: (to be used for future annual report notification	
(City, State and Zip Code)  REGOODLEW. COM	<u></u>
For further information concerning this matter, please co	
Enclosed is a check for the following amount: (All chec dollars and drawn on a bank located in the United States	ks processed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  S150.00 Filing Fees and Certificate of and Certified of Organization	=
Mailing Address:  New Filing Section  Division of Corporations  P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

P.O. Box 6327

Tallahassee, FL 32314

### **Articles of Conversion**

For

## "Other Business Entity"

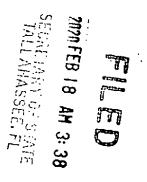
Into

### 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Floring (Enter state, or if a non-U.S. entity, the name of the country)
on <u>62/22/2017</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
644 Kidz North Mioni LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: O   O   2 0 2 0 .  (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.)  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.
- 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 this Ol day of January	20 20
Signature of Authorized Representative of	/
Signature of Authorized Representative:  Printed Name: Josiya Jarona	
Signature(s) on behalf of Diher Business Ent	ity:  See below for required signature(s)
Signature: Printed Name: 1020 4 Vacore	Title: Managor
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directol If Directors or Officers have not been selected.	
If Florida General Partnership or Limited Li Signature of one General Partner.	iability Partnership:
If Florida Limited Partnership or Limited Li Signatures of ALL General Partners.	iability Limited Partnership:

All others: Signature of an authorized person.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy: Certificate of Status:

\$30.00 (Optional) \$5.00 (Optional)



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

ARTICLE II - Address:

**Principal Office Address:** 

2038 NC 155 Street

business entity with an active Florida registration )

The name of the Limited Liability Company is:

	Antorio Rego Name 12550 Biscagne	)0		
	Name	,		
	12550 Biscagne	Blul	井110	
	Florida street address (P.O. I			
	MIGMI	FL	33181	
	City		Zip	
registered agen statutes relati	pany at the place designated in the and agree to act in this capacity ag to the proper and complete perbligations of my position as registed.  Registered Agent's Signa	e. I further rformance stered age.	r agree to comp o of my duties, a ou as provided fo	ly with the provisions of all and I am familiar with and
	(CONTINU	ED)		SEGNE AND SEGNE

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

	l e e e e e e e e e e e e e e e e e e e
"AMBR" = Authorized Member "MGR" = Manager	
MER	Joslyn Varena
	2038 NE 155 Street NOZTH MIONI BRAIL, 66 33162
	NORTH MIONI BRAIL, CL 33162
	**************************************
	*****
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(Use attachment if necessary)	<del></del>
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CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member	r or an authorized representative of a member dance with section 605.0203 (1) (b). Florida Statutes, I am assare that?
REQUIRED SIGNATURE:  Signature of a member This document is executed in accordany false information submitted in a	r or an authorized representative of a member dance with section 605.0203 (1) (b). Florida Statutes, I am assare that document to the Department of State constitutes a third degree felone.
REQUIRED SIGNATURE:  Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S.	dance with section 605.0203 (1) (b). Florida Statutes. I am aware that document to the Department of State constitutes a third degree felong
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