# L20000250657

(Req	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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2020 AUG 25 PH 4: 33 SECRETARY OF STATE

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## COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Vertex F	itness Associates LLC			
30D02C1	(Name of Res	alting Florida L	imited Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter	to:	
Joshua Cammack				
	(Contact Person)			
Vertex Fitness Associa	ates, Inc			
	(Firm/Company)			
401 7th St S Unit 2				
	(Address)			
St. Petersburg, FL 337	701			
	City, State and Zip Code)			
josh@trainvertex.com				
E-mail Address: (to b	oe used for future annual re	port notification	is)	
For further informati	on concerning this ma	tter, please ca	ıll:	
Joshua Cammack		_at (	,465-6	5911
(Name of Conta	act Person)	(Area C	nde) (Day	time Telephone Number)
	for the following amou a bank located in the	•	-	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180,00 Fi and Certified		S185.00 Filing Fees, Certified Copy, and Certificate of Status
<u>Mailing Add</u> New Filing S				t Address: Filing Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

#### INHS11 (7/17)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## COVER LETTER

	ew Filing S ivision of C	ection Corporations			
CHIDITE	Vertex F	itness Associates LLC			
SUDJEC		(Name of Res	sulting Florida Limi	ted Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please rei	urn all corr	espondence concernin	g this matter to:		
Joshua Ca	ammack				
		(Contact Person)		-	
Vertex Fiti	ness Associa	ates, Inc			
		(Firm/Company)		•	
401 7th St	S Unit 2				
		(Address)		-	
St. Datara	burg, FL 337	•			
St. Feters				-	
innh@tenie	·	City, State and Zip Code)		,	
· -	vertex.com	1.0.0		-	
b-mail .	Address: (to b	e used for future annual re	port notifications)		
For furthe	r informati	on concerning this ma	tter, please call:		
Joshua Ca	ımmack		_at ( <u>727</u>	,465-6	5911
(N	ame of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
S150.00 (\$25 for Co & \$125 for of Organiza	nversion Articles	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
M	ai <u>ling Addı</u>	ress:		Street	Address:
	ew Filing So			New I	Filing Section
		orporations			on of Corporations
	D. Box 632				Sentre of Tallahassee
l a	Hahassee, F	L 32314			N. Monroe Street, Suite 810 nassee, FL 32303



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2020

JOSHUA COMMACK 401 7TH ST S UNIT 2 ST. PETERSBURG, FL 33701

SUBJECT: VERTEX FITNESS ASSOCIATES LLC

Ref. Number: W20000088154

We have received your document for VERTEX FITNESS ASSOCIATES LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(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.

Neysa Culligan Regulatory Specialist II

2020 AUG 25 AM IO: 02

Letter Number: 620A00015171

FILED

2029 AUG 25 PH 4: 33

## Articles of Conversion "Other Business Entity" Into

SECRETARY OF STATE TALLAHASSEE, FL

#### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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:  Vertex Fitness Associates Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a C-Corp  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
April 26th 2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Vertex Fitness Associates LLC
(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.)  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 21st day of July	20 <u></u> 20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Joshua Cammack	Title: Owner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Cimum, Ci	L
Signature: Printed Name: Joshua Cammack	Title: Chariman
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
<u>lf Florida Corporation:</u>	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
-	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the wo	ords "Limited Lia	bility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:					
The mailing address and street a	address of the	principal office of the Limited L	iability Comp	oany is	s:
Principal Office Address:		Mailing Address:			
401 7th St S		401 7th St S			
Unit 2		Unit 2			
		Ct Deteration El 22701			
(The Limited Liability Company cannot so business entity with an active Florida reg	erve as its own Re istration.)	St. Petersburg, FL 33701  red Office, & Registered Agent egistered Agent. You must designate an indivine registered agent are:	ridual or another IAT ACR		
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street	erve as its own Resistration.) address of the	red Office, & Registered Agent egistered Agent. You must designate an indiv	ridual or another IAT ACR		
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street	erve as its own Resistration.) address of the	red Office, & Registered Agent registered Agent. You must designate an indiv	ridual or another IAT ACR		
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street	erve as its own Resistration.) address of the er Corporate S	red Office, & Registered Agent egistered Agent. You must designate an indiv ne registered agent are: ServicesLLC - Ninh Ho	ridual or another IAT ACR		
ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida reg  The name and the Florida street  Rocket Lawy	erve as its own Resistration.)  address of the er Corporate S  Na  , 1st Floor	red Office, & Registered Agent egistered Agent. You must designate an indiv ne registered agent are: ServicesLLC - Ninh Ho	ridual or another SEC	2020 AUG 25 PH 4: 38	
ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida reg  The name and the Florida street  Rocket Lawy	erve as its own Resistration.)  address of the er Corporate S  Na  , 1st Floor	red Office, & Registered Agent registered Agent with the registered agent are:  Service LC - Ninh Ho	ridual or another IAT ACR		

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

A	R1	11	C	1	7	W	

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
AMBR	Joshua Cammack		
	401 7th St S - Unit 2	<del></del>	
	St. Petersburg, FL 33701		
<del></del>			
		<del></del> -	
	-	<del></del>	
(Use attachment if necessary)		38	282
(One attachment if necessary)		걸음	
		Εñ	<b>SUV</b>
ARTICLE V: Other provisions, if any.		至到	25
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REQUIRED SIGNATURE:	1	, <u>m</u>	€
	<b>/</b>		
	<u> </u>		
This document is executed in accordance of	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am a nent to the Department of State constitutes a third deg	ware that	
Joshua Cammack			
Тур	oed or printed name of signee		
	Cities of Course		

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)