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Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A. 420 South Orange Avenue, Suite 700 P.O. Box 2346 (ZIP 32802-2346) Orlando, FL 32801

(407) 841-1200 (407) 423-1831 Fax www.deanmead.com Attorneys and Counselors at Law

Orlando

Fort Pierce

Tallahassee

Viera/Melbourne

LESLIE PERRYMAN

(407) 428-5119

LPerryman@deanmead.com

February 22, 2021

Florida Department of State New Filing Section Division of Corporations 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

Re:

Articles of Conversion / Articles of Organization of Svetlana Masgutova

Educational Institute for Neuro-Sensory-Motor and Reflex Integration LLC

Dear Sir/Madam:

Enclosed for filing are Articles of Conversion / Articles of Organization to convert Svetlana Masgutova Educational Institute for Neuro-Sensory-Motor and Reflex Integration LLC from a Nevada limited liability company to a Florida limited liability company to be known as Svetlana Masgutova Educational Institute for Neuro-Sensory-Motor and Reflex Integration LLC. Also enclosed is this firm's check in the amount of \$180.00 for the filing fee and a certified copy.

If you have any questions regarding this filing, please feel free to contact me at (407) 428-5119 or via e-mail at lperryman@deanmead.com. Thank you.

Very truly yours,

Leslie Perryman

Leslie Perryman Paralegal

Enclosures

Articles of Conversion

For

"Other Business Entity"

Into

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.

| Svetlana Masgutova Educational Institute for Neuro-Sensory-Motor and Reflex Integration LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| June 5, 2007 on . |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Svetlana Masgutova Educational Institute for Neuro-Sensory-Motor and Reflex Integration, 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 25th day of January | _ 20_21 |
|--|--------------------------------------|
| Signature of Authorized Representative of Limit | ted Liability Company: |
| Signature of Authorized Representative: | line . |
| Printed Name: Pamela Curlee | Tirle: Manager |
| | Title, wastager |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s)] |
| / / | |
| Signature: Minds lines. | |
| Printed Name: Pamela Curlee | Title: Manager |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Signature:Printed Name: | Title: |
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| Signature:Printed Name: | Title |
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| Signature: | |
| Signature:Printed Name: | Title; |
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| Signature:Printed Name: | Tri-I |
| rrinted (value: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an Inc | corporator must sign. |
| TERM 11 G | |
| If Florida General Partnership or Limited Liabilii Signature of one General Partner. | ty Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabilit | ty Limited Partnership: |
| Signatures of ALL General Partners. | |
| | |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited 1 | Liability Company is: |
|--|---|
| | nal Institute for Neuro-Sensory-Motor and Reflex Integration, LLC at the words "Limited Liability Company, "L.L.C.," or "L.L.C.") |
| ARTICLE II - Address: | street address of the principal office of the Limited Liability Company is: |
| Principal Office Address | |
| 6275 Hazeltine National Driv Orlando, FL 32822 | ve 6274 Drake Drive Jupiter, FL 33458 |
| Ollailoo, FE 32822 | Supiter, 1 L 33436 |
| (The Limited Liability Company countries entity with an active Flo | street address of the registered agent are: |
| den b | Name |
| 6274 [| Drake Drive |
| Flori | da street address (P.O. Box NOT acceptable) |
| Jupiter | City Zip |
| | City Zip |
| liability company at t | registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as ree to act in this capacity. I further agree to comply with the provisions of all |

(CONTINUED)

ARTICLE IV-

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 | | |
| MGR | Svetlana Masgutova | |
| | 6275 Hazeltine National Drive | |
| | Orlando, FL 32822 | |
| MGR | Pamela Curlec | |
| | 6275 Hazeltine National Drive | |
| | Orlando, FL 32822 | |
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| (Use attachment if necessary) | | |
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| CLE V: Other provisions, if any. | | |
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| REQUIRED SIGNATURE: | | |
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| famile linear | | |
| | | |
| Signature of a member of | r an authorized representative of a member | |
| This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. | ce with section 605.0203 (1) (b), Florida Statutes. I am aware the temperature of State constitutes a third degree fellowers. | |
| Pamela Curlee | | |
| T | yped or printed name of signee | |
| | 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)