# 12100034805

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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#### **COVER LETTER**

TO: New Filing S Division of C					
SUBJECT: DCXFitn	ess LLC				
3013ECT	(Name of Re	sulting I	Florida Limit	ed 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:		
Daniel Laga					
	(Contact Person)				
DCXFitness LLC					
	(Firm/Company)				
3101 Port Royale BLV	D APT 731				
	(Address)				
Fort Lauderdale FL 33	308				
(6	City, State and Zip Code)				
smfbbc@smfbbc.com					
E-mail Address: (to b	e used for future annual re	port no	tifications)		
For further informati	on concerning this ma	tter, pl	lease call:		
Daniel Laga		at (	310	430-	1770
(Name of Conta	ict Person)	" (_	(Area Code)	(Day	rtime Telephone Number)
	or the following amou a bank located in the			rocess	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status		80.00 Filing Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:				t Address:
New Filing S					Filing Section
Division of C P.O. Box 632					ion of Corporations Centre of Tallahassee
Tallahassee, l					N. Monroe Street, Suite 810

Tallahassee, FL 32303

### 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.

(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.)
First organized, formed or incorporated under the laws of	tity, the name of the country)
06/09/2014	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attache	d Articles of Organization:
DCXfitness LLC  (Enter Name of Florida Limited Liability Company)	<del>.</del>
4. If not effective on the date of filing, enter the effective date:	
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.	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, document's effective date on the Department of State's records.	than 90 calendar days after this date will not be listed as the
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, document's effective date on the Department of State's records.	than 90 calendar days after this date will not be listed as the
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, document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance with all applicable states.	than 90 calendar days after this date will not be listed as the tutes. appraisal rights the amount to
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, document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance with all applicable state.  6. The "Converted or Other Business Entity" has agreed to pay any members having	than 90 calendar days after this date will not be listed as the tutes. appraisal rights the amount to
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, document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance with all applicable state.  6. The "Converted or Other Business Entity" has agreed to pay any members having	than 90 calendar days after this date will not be listed as the tutes. appraisal rights the amount to
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, document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance with all applicable state.  6. The "Converted or Other Business Entity" has agreed to pay any members having	than 90 calendar days after this date will not be listed as the tutes. appraisal rights the amount to
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document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance with all applicable sta  6. The "Converted or Other Business Entity" has agreed to pay any members having	than 90 calendar days after this date will not be listed as the tutes. appraisal rights the amount to

Signed this <u>on</u> day of <u>21/07/ 2021</u>	
Signature of Authorized Representative of Lim	ited Liability Company:
or or the D	aniel I aga
Signature of Authorized Representative: De Printed Name: Daniel Laga	Title: Manager
Finited Name. Banks Laga	Title <del>Manager</del>
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
<del>- "</del>	
Signature: Daniel Laga Printed Name: Daniel Laga	Tit Managas
Printed Name: Daniel Laga	Litte: Manager
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ity Partnershin:
Signature of one General Partner.	
-	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
	525.00
Articles of Conversion:	\$25.00 \$125.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$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 Li	iability Company is	s:		
DCXFitness LLC				
(Must contain t	he words "Limited Liabi	lity Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	reet address of the	principal o	ffice of the Limite	d Liability Company is:
Principal Office Address:		Mailin	g Address:	
DCXFitness LLC		DCXFi	ness LLC	
3101 Port Royale blvd APT 7	31		ort Royale blvd AP	<u> 731                                    </u>
Fort Lauderdale FL 33308		Fort La	uderdale FL 33308	
The name and the Florida s	Registered A Nar 7901 4th St	Agents Inc. ne NSTE 300		
Florid	a street address (P.	O. Box <u>NC</u>		
	St. Petersburg	FL	33702	
	City		Zip	
liability company at th registered agent and agre statutes relating to the p	e place designated e to act in this capa roper and complete	in this cert icity. I furt performan	ficate, I hereby ac her agree to comp ace of my duties, a	or the above stated limited cept the appointment as ly with the provisions of all and I am familiar with and or in Chapter 605, F.S.
.7	see 1			21
Reg	istered Agent's Si	gnature (R)	EQUIRED)	<del>ऽ.</del> । 29
	(CONTI	NUED)		\$2. \$3.

#### ARTICLE IV-

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

<u> Fitle:</u>	<del> </del>
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Daniel Laga
MGIX	3101 Port Royale blvd APT 731
	Fort Lauderdale FL 33308
	Torr Education 1 E docto
<del>.</del>	
Use attachment if necessary)	
Use attachment if necessary)  LE V: Other provisions, if any.	
EV: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	Danisl Laga
EV: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member o	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE:  Signature of a member o This document is executed in accordance any false information submitted in a doc	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree for
Signature of a member o This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	

# Articles of Conversion

Final Audit Report

2021-07-21

Created:

2021-07-21

Ву:

Daniel Laga (smfbbc@smfbbc.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAAJAtGYxzMUvH6EsnQFyLLIJHzBpleFuRB

# "Articles of Conversion" History

- Document created by Daniel Laga (smfbbc@smfbbc.com) 2021-07-21 4;36:52 PM GMT- IP address: 66.176.183.201
- Document emailed to Bill Havre (support@zenbusiness.com) for signature 2021-07-21 4:38:54 PM GMT
- Email viewed by Bill Havre (support@zenbusiness.com) 2021-07-21 5:39:16 PM GMT- IP address: 70.112.212.179
- Ocument e-signed by Bill Havre (support@zenbusiness.com)
   Signature Date: 2021-07-21 8:20:05 PM GMT Time Source: server- IP address: 23.228.171.83
- Agreement completed.
   2021-07-21 8:20:05 PM GMT