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Office Use Only



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COVER LETTER

TO:	New Filing Son Division of C				
SURI	FCT. NICK TO	PEL FITNESS LLC			
500		(Name of Res	sulting Florida Lin	nited Con	npany)
					ed fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to	:	
ALEX	ENGLARD				
		(Contact Person)			
INTER	RSTATE FILING	SLLC			
		(Firm/Company)		_	
301 M	IILL ROAD STE	U5			
		(Address)			
HEWL	ETT, NY 11557				
	((City, State and Zip Code)			
E-n	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	rther information	on concerning this ma	tter, please call	:	
ALEX	ENGLARD		a1 (718	չ 569-	2703
	(Name of Conta	ct Person)	(Area Cod	e) (Day	ztime Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filit and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of NICK TOPEL FITNESS LLC	`Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law	or business trust, etc.
First organized, formed or incorporated under the laws of OHIO (Enter state, or if a non-U.S. entity, the name	e of the country)
04/29/2019	
on	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Organization:
NICK TOPEL FITNESS 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 cal 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 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 rig which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	ghts the amount to
	202
	7:
	2021 1177 2
	23
	~

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Signed this 3RD day of NOVEMBER	20 21
Signature of Authorized Representative of Li	imited Liability Company:
Signature of Authorized Representative:) Printed Name: NICK TOPEL	Nicholas Topel
Signature of Authorized Representative:	777
Printed Name: NICK TOPEL	I itle:
Signature(s) on behalf of Other Business Entity	y: [See below for required signature(s)]
-	
Signature: Nicholas Tope	<u> </u>
Printed Name: NICK TOPEL	Title:
Sionature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Sionature	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director,	
If Directors or Officers have not been selected, an	Incorporator must sign.
If Florida General Partnership or Limited Liab	pility Partnershin:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liab	<u>pility Limited Partnership:</u>
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	en e

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NICK TOPEL FITNES			
(Must	contain the words "Limited Lis	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	ress:		
		e principal office of the Limited I	Liability Company is:
_			
Principal Office Ad	ldress:	Mailing Address:	
7901 4TH ST N STE :	300	133 NE 2ND AVE, APT 3512	
ST PETERSBURG, F	·	MIAMI, FL 33132	·
(The Limited Liability Con- business entity with an act	npany cannot serve as its own R tive Florida registration.)	ered Office, & Registered Agent Registered Agent. You must designate an ind	ividual or another
(The Limited Liability Conbusiness entity with an act The name and the Fl	npany cannot serve as its own Retive Florida registration.) orida street address of the REGISTERED AGENTS I	Registered Agent. You must designate an ind the registered agent are:	ividual or another
(The Limited Liability Conbusiness entity with an act The name and the Fl	npany cannot serve as its own Retive Florida registration.) orida street address of the REGISTERED AGENTS I	Registered Agent. You must designate an ind the registered agent are:	ividual or another
(The Limited Liability Conbusiness entity with an act The name and the Fl	npany cannot serve as its own Retive Florida registration.) orida street address of the REGISTERED AGENTS I	Registered Agent. You must designate an ind the registered agent are:	ividual or another
(The Limited Liability Conbusiness entity with an act The name and the Fl	npany cannot serve as its own Retive Florida registration.) orida street address of t REGISTERED AGENTS I N 7901 4TH ST N STE 300	Registered Agent. You must designate an ind the registered agent are:	ividual or another
(The Limited Liability Conbusiness entity with an act The name and the Fl	npany cannot serve as its own Retive Florida registration.) orida street address of t REGISTERED AGENTS I N 7901 4TH ST N STE 300	Registered Agent. You must designate an ind the registered agent are:	ividual or another
(The Limited Liability Conbusiness entity with an act The name and the Fl	npany cannot serve as its own Retive Florida registration.) orida street address of the REGISTERED AGENTS IN November 1901 4TH ST N STE 300 Florida street address (Registered Agent. You must designate an ind the registered agent are: INC. Iame P.O. Box NOT acceptable)	ividual or another

(CONTINUED)

(Registered Agent's Signature (REQUIRED))

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGRM — Manager	NICK TOPEL
	133 NE 2ND AVE. APT 3512
	MIAMI, FL 33132
(Use attachment if necessary) LE V: Other provisions, if any.	
Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Vicholas Topel
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	Picholas Topel r an authorized representative of a member, with section 605.0203 (1) (b), Florida Statutes. I am awa ument to the Department of State constitutes a third degree
Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S. NICK TOPEL	r an authorized representative of a member, re with section 605.0203 (1) (b). Florida Statutes. I am away ument to the Department of State constitutes a third degree
Signature of a member of any talse information submitted in a doc as provided for in s.817.155, F.S. NICK TOPEL	r an authorized representative of a member,