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(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #/)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	





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5.11.1 El c.1160

COVER LETTER

TO: New Filing Se Division of Co				
SUBJECT: Balance (Center Solutions LLC			
SUBJECT:	(Name of Resu	lting Florida Limit	ed Comp	any)
The enclosed Articles Business Entity" into	of Conversion, Article a "Florida Limited Lia	es of Organization bility Company	on, and " in acc	fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	this matter to:		
Travis McHenry				
	(Contact Person)			
Balance Center Solution	ns		_	
	(Firm/Company)			
107 Reese Court				
	(Address)		-	
Ocoee, FL, 34761			_	
((City, State and Zip Code)			
travis.mchenry@fyzica			_	
E-mail Address: (to b	e used for future annual rep	port notifications)		
For further informati	on concerning this mat	tter, please call:		
Travis McHenry		at (727	409-	9463
(Name of Conta	et Person)	(Area Code) (Dayl	ime Telephone Number)
Enclosed is a check to dollars and drawn or	for the following amou a bank located in the	nt: (All checks p United States)	process	ed 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	S180.00 Filing and Certified Co		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 633 Tallahassee,	ection Corporations 27		New I Divisi The C 2415	Address: Filing Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303



March 21, 2022

TRAVIS MCHENRY 107 REESE CT OCOEE, FL 34761

SUBJECT: BALANCE CENTER SOLUTIONS LLC

Ref. Number: W22000036636

We have received your document for BALANCE CENTER SOLUTIONS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Filed 3/29/2s.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.

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

Letter Number: 922A00006568

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.

Balance Center Solutions Inc. (Enter Name of Other Business Entity)	
corporation 2. The "Other Business Entity" is a	
2. The "Other Business Entity" is a	
First organized, formed or incorporated under the laws of	the country)
November 5th, 2021	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	Organizațion:
Balance Center Solutions LLC	
(Enter Name of Florida Limited Liability Company)	
 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 calenthe 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 document's effective date on the Department of State's records. The plan of conversion has been approved in accordance with all applicable statutes. The "Converted or Other Business Entity" has agreed to pay any members having appraisal right 	or be listed as the
which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	קנהן.

Signed t	this 2nd day of February	20_22
~.		
Signatu	re of Authorized Representative	of Limited Liability Company:
Signatur	re of Authorized Representative:	1 HAH
Printed 1	Name: Travis McHenry	Title: President-AMPR
i iiiica i		
Signatu	re(s) on behalf of Other Business E	ntity: See below for required signature(s)
-	M 11	
Signatur	re:	
Printed 1	Name Travis McHenry	Title: President
Sirmatur	<u>/</u> .	
Printed 1	e: Namc:	Title:
· · · · · · · · · · · · · · · · · · ·		
Signatur	re:	
Printed 1	Name:	Title:
	re:	Title:
rintea	Name:	Title.
Signatur	re:	
Printed 1	Name:	Title:
Signatur	re:	77.4
Printed i	Name:	Title:
If Florid	da Corporation:	
	re of Chairman, Vice Chairman, Dire	ctor, or Officer.
	tors or Officers have not been selecte	
	da General Partnership or Limited	Liability Partnership:
Signatur	re of one General Partner.	
If Florid	da Limited Partnership or Limited	Lighility Limited Partnership:
Signatur	res of ALL General Partners.	
Ü		
All othe		
Signatur	re of an authorized person.	
Fees:		
	Articles of Conversion:	\$25.00
	Fees for Florida Articles of Organiz	
	Certified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)

Balance Center Solu	tions LLC	
(Mu	st contain the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing addres	dress: as and street address	of the principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
107 Decre Court		107 Reese Court
107 Reese Court Ocoee, FL		Ocoee, FL
34761		34761
business entity with an	ompany cannot serve as its active Florida registration.	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another ss of the registered agent are:
business entity with an	ompany cannot serve as its active Florida registration.	s own Registered Agent. You must designate air morridati or direction.) ss of the registered agent are:
business entity with an	ompany cannot serve as its active Florida registration. Florida street addres	s own Registered Agent. Tou must designate all morridual of diseases.
business entity with an	ompany cannot serve as its active Florida registration. Florida street addres Travis McHenry 107 Reese Court	s own Registered Agent. You must designate an incritous of diseases. See of the registered agent are: Name
business entity with an	ompany cannot serve as its active Florida registration. Florida street addres Travis McHenry 107 Reese Court	s own Registered Agent. You must designate air morridati or direction.) ss of the registered agent are:
business entity with an	ompany cannot serve as its active Florida registration. Florida street addres Travis McHenry 107 Reese Court	s own Registered Agent. You must designate an incritous of diseases. See of the registered agent are: Name
business entity with an	ompany cannot serve as its active Florida registration. Florida street address Travis McHenry 107 Reese Court Florida street address	Name Name Som Registered Agent. For must designate an increase of the registered agent are: Name dress (P.O. Box NOT acceptable) FL 34761

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Travis McHenry **AMBR** 107 Reese Court Ocoee, FL 34761 William Martin Riggs AMBR 106-1/2 Summer St Swannanoa, NC 28778 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees

Travis McHenry

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