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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ldress) | |
| (Ar | idress) | |
| γ | | |
| (Ci | ty/State/Zip/Phone | ; #) |
| PICK-UP | TIAW | MAIL |
| (Ві | usiness Entity Nam | ne) |
| (Do | ocument Number) | <u></u> , |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | , |
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 605.1045, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 605.0102(23)a, F.S., entity means: a business corporation, a nonprofit corporation, a general partnership, including a limited liability partnership, including a limited partnership, including a limited liability limited partnership; a limited liability company; a real estate investment trust; or any other domestic or foreign entity that is organized under an organic law.

Filing Fees: \$150.00 (\$25 for Articles of Conversion and

\$125 for Articles of Organization)

Certified Copy (optional): \$30.00

Certificate of Status (optional): \$5.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

For further information, you may contact the New Filing Section at (850) 245-6052.

Important Notice: As a condition to the conversion, pursuant to s. 605.0212(9), F.S., each party to the conversion must be active and current through December 31 of the calendar year this document is being submitted to the Department of State for filing.

INHS11 (7/17)

COVER LETTER

| TO: New Filing S Division of C | | | |
|--|---|--|--|
| SUBJECT: | JM (Name of Re | Fitness LLC sulting Florida Limited Cor | npany) |
| The enclosed Article Business Entity" into | es of Conversion, Artic o a "Florida Limited Li | les of Organization, an iability Company" in a | ed fees are submitted to convert an "Othe coordance with s. 605.1045, F.S. |
| Please return all corr | espondence concernin | g this matter to: | |
| JULIA M | (Contact Person) ITNESS LLC (Firm/Company) | | |
| | (Contact Person) | | |
| JH F | ITNESS LLC | | |
| | (Firm/Company) | 1 | |
| 3904 | ARELIA DEIVE | N | |
| | (Address) | | |
| DOZZAY | ARELIA DEIVE (Address) BOACH, FL City, State and Zip Code) | 33445 | |
| (1 | City, State and Zip Code) | <u> </u> | |
| ulia mena | nan liamagan | | |
| E-mail Address: (to b | INCOMOIL COM oc used for future annual re | port notifications) | |
| For further informati | on concerning this ma | tter inlease call: | |
| | - | - | |
| JUHA ME | RHIN | _at (240) 4 | 109 - 3876 rtime Telephone Number) |
| (Name of Conta | ct Person) | (Area Code) (Day | time Telephone Number) |
| | or 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 | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Add | MARCI | Stupp | t Addusons |

Mailing Address:
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: |
|--|
| JM Fitness, LLC |
| (Enter Name of Other Business Entity) |
| |
| 2. The "Other Business Entity" is a limited liability coupany (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of Maryland (Enter state, or if a non-U.S. entity, the name of the country) |
| on May 8, 2020 (date of organization, formation or incorporation) |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| (Enter Name of Florida Limited Liability Company) |
| (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.) |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. |
| 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. |
| SEE FOR SEE FO |

| Signed this 21 ^{5r} day of JUIY | 20 22 . | |
|---|--|----------------------|
| Signature of Authorized Representative | | |
| Signature of Authorized Representative: | Steller Managing Member | _ |
| | Intity: See below for required signature(s) | |
| simulation of | | |
| Printed Name Julia Werwin | Title: Managing Mcuber | |
| Signature: | Title: | |
| | | |
| Signature:Printed Name: | Title: | |
| Signature: | Title: | _ |
| | | |
| Printed Name: | Title: | RZ J |
| Signature: | Title: | TALLANASSELT |
| | 1106. | SSEC S |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte | | TALLAHASSEE, TLORIDE |
| If Florida General Partnership or Limited Signature of one General Partner. | Liability Partnership: | 50. |
| If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners. | Liability Limited Partnership: | |
| All others: Signature of an authorized person. | | |
| Fees: | | |

Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:

\$125.00

\$25.00

Certificate of Status:

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(CONTINUED)

| itle: AMBR" = Authorized Member | Name and Address: | |
|------------------------------------|---------------------------------|--|
| MGR" = Manager | | |
| | | |
| AMBR | Julia Merwin 3904 ARQUA DELVE N | |
| | Dapay Boxet, FL 33445 | |
| | | |

(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.

Tuna HERWIN
Typed 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)