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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

T. SCOTT NOV - 4 2022



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TALLAUTSSTELFLORIDA TRANCHISING DIVISION OF CORPORATIONS 2022 OCT 28 PM 6: 3

COVER LETTER

Division of	Corporations		
SUBJECT:	The Stable T	ranchise,	LLC
	(Name of Res	sulting Florida Limite	d Company)
		_	on, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all co	orrespondence concernin	g this matter to:	
Tracy	Tullier (Contact Person) Stable Franchi, (Firm/Company)		
71	(Contact Person)		
(ne	Stable Franchi	s.c,	
	(Firm/Company)	-	
<u> 4751</u>	SW Ardsley Dr (Address)	ive	
Stuart,	(City, State and Zip Code) (lier a yahoo.	17	
	(City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
tracytu	llier Dyahoo.	com	
E-mail Address: (t	o be used for future annual re	port notifications)	
For further informa	ation concerning this ma	tter, please call:	
Traces	Tullier	~ A25 s	329- 609U
(Name of Co	entact Person)	(Area Code)	(Daytime Telephone Number)
	k for the following amou on a bank located in the		rocessed by this office must be payable in US
☐ \$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	s	□\$180.00 Filing I and Certified Copy	•
Mailing Ac New Filing			Street Address: New Filing Section
Division of	f Corporations]	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO: New Filing Section

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 Conversion is: The Stable Franchise, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Louisiana (Enter state, or if a non-U.S. entity, the name of the country) on 11/11/02 as "Body Mechanics, Luc" (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: The Stable Franchise LLC (Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: 10 242.
(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.
MOCT 28 PH CAN SHOW OF CORPOR DIVISION OF CORPOR TALLAMA RESEERS

Signed this 24 day of October	_20_
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Fest A	elly Coller Trile: <u>registered</u> agent
Signature(s) on behalf of Other Business Entity:	-
Signature: Jacy Juli Printed Name: Tracy Tullier	Tille: Manager /managed
Signature:Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:	
The Stable Fr		-
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
4751 SW Ardsley Dr. Stuart, FL 34997	4751 SW/	trasley or.
JIMMI 1 3 3 9 5 1 1	UNIMITY, 10 3	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeress entity with an active Florida registration.)	istered Agent. You must designate a	
The name and the Florida street address of the	_ -	
Loby Tulli Nar	er	
4751 SW AV	dsley Dr.	
Florida street address (P.	O. Box NOT acceptable)	
Strart	FL \$ 34997 Zip	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process in this certificate, I hereby a acity. I further agree to comp e performance of my duties, a	ccept the appointment as ply with the provisions of all and I am familiar with and
Lelly full	, V	
Registered Agent's Si	gnature (REQUIRED)	20
(CONTI	NUED)	Z OCT 28 PH 6: 32 Z OCT 28 PH 6: 32 ERAJICHISING IVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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

LE V: Other provisions, if any.	<u>Title:</u>	Name and Address:
MGR Holby Fullier 4751 SW Ardsley Dr. 5tuart, FL 34557 Tracy Tullier 4751 SW Ardsley Dr. Stuart, FL 34517 LE 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 the any false information submitted in a document to the Department of State constitutes a third degree felt as provided for in s.817.155, F.S. Tracy Tullier Typed or printed name of signee Filing Fees		
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