# L23000198560

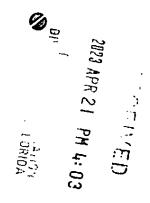
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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# COVER LETTER

Division of Corporations  SUBJECT: Fit Fluncy  (Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605,1045, F.S.  Please return all correspondence concerning this matter to:	
(Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:	
(Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:	
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Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:	
	Othe
James Heavis	
Fit Fluency	
7521 Solstice Cir	
CHando FL 32821	
(City, State and Zip Code)  Way City Com  E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
(Mea Code) (Daytine Pelephone Number)	
Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States)	US
\$\sqrt{\$150.00 \text{ Filing Fees}} \ \text{\$155.00 \text{ Filing Fees}} \ \text{and Certified Copy} \ \text{\$25 \text{ for Conversion}} \ \text{and Certified Copy} \ \text{\$125 \text{ for Articles}} \ \text{Status} \ \text{of Organization} \end{articles}	
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## **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:
(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 Michica
(Enter state, or if a non-U.S. entity, the name of the country)
on OHOMO (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)
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.)  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.

Signed this <u>JISF</u> day of <u>April</u>	20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: 17000000000000000000000000000000000000	Tille: Owner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Marc House Printed Name: Jomes Haye	Title: (NO)
, 3	
Signature: Printed Name:	ent I
Printed Name:	I itle:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
<u>If Florida Corporation:</u>	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
lf Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> 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

The name of the Limited Liability Com	pany is:
James Game	s UC
(Must contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Data da al Ares a da la	N # 117
Principal Office Address:	Mailing Address:
Principal Office Address:  7521 Solfice (1)  Orlando H	Mailing Address:  DS Solstice Cir Octordo FL

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

Name

752\ Solstie ()

Florida street address (P.O. Box NOT acceptable)

Orlando FL BL

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	James Hayes 1521 Soldine Cir Orlando FL 32521
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	ucz
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the

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)