# L24000124249

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:





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### **COVER LETTER**

TO:	New Filing So Division of C				
SURJ	FCT. RECRUIT	TED FITNESS INDUST	RY LLC		
(,())		(Name of Re:	sulting Florida Lir	nited Cor	mpuny)
The e Busin	nclosed Articlesess Entity" into	s of Conversion. Artic a "Florida Limited L	les of Organiza jability Compa	ution, an ny" in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to	ː	
Antho	ny Morales				
		(Contact Person)		<del></del>	
MyUS	ACorporation.co	m			
		(Firm/Company)			
1 Rad	sson Plaza, Suit	e 800			
		(Address)			
New F	lochelle, NY 108	01			
	((	City, State and Zip Code)		_	
into@	myusacorporatio	n.com			
E-1	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call	:	
Antho	ny Morales		_at ( <u>877</u>	, 330	-2677
	(Name of Conta	ict Person)	(Area Coc	le) (Day	vtime Telephone Number)
		or the following amou a bank located in the		proces	sed by this office must be payable in US
(\$25 fc & \$12:	0.00 Filing Fees or Conversion 5 for Articles anization)	□\$155,00 Filing Fees and Certificate of Status	■\$180,00 Filinand 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, 1	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Jentre of Tallahassee N. Monroe Street, Suite 810 hassee, 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.

L. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: RECRUITED FITNESS INDUSTRY LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
07/15/2023
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: RECRUITED FITNESS INDUSTRY 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 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 th	nis <u>6th</u>	day of February	20 <u>24</u>
Signatur	re of Autho	rized Representative of Lim	ited Lability Company:
e	C A .1	· in	
Signature	of Author	ized Representative:	A Maria
Printed N	ame:Jean C	asas	Title: Member
Signatur	c(s) on beh	alf of Other Business Entity:	[See below for required signature(s)]
Signature	::		Title: Member
Printed N	lame:Jean C	asas	Title: Member
Signature	::		
Printed N	lame:		Title:
Signature	!:		Title:
rimean	ame:		Title:
Signature	<b>:</b>		
Printed N	ame:		Title:
Signature	e:		
Printed N	lame:		Title:
Signature	:		Title:
Printed N	lame:		Intle:
Signature		ion: an, Vice Chairman, Director, or ers have not been selected, an fi	
		Partnership or Limited Liabi neral Partner.	lity Partnership:
		Partnership or Limited Liabil General Partners.	ity Limited Partnership:
All other Signature		orized person.	
Fees:			
Λ	Articles of C	'onversion:	\$25.00
		rida Articles of Organization:	\$125.00
	Certified Co	<b>-</b>	\$30.00 (Optional)
	Pertificate o		\$5.00 (Optional)
-			

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RECRUITED FIT	NESS INDUSTRY LLC		
	(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		e principal office of the Limited Liability Com	ipany is:
Principal Offic	e Address:	Mailing Address:	
3469 W Boynton	Beach Blvd, Suite 2	3567 S Federal Hwy APT F	
Boynton Beach,	FL 33436	Boynton Beach, FL 33435	
	an active Florida registration.)		r
The name and t	he Florida street address of the	he registered agent are:	
The name and t	he Florida street address of the Incorp Services, Inc.	he registered agent are:ame	
The name and t	he Florida street address of the Incorp Services, Inc.		
The name and t	he Florida street address of the Incorp Services, Inc. No. 3458 Lakeshore Drive		
The name and t	he Florida street address of the Incorp Services, Inc. No. 3458 Lakeshore Drive	ame	
The name and t	he Florida street address of the Incorp Services, Inc.  No. 3458 Lakeshore Drive Florida street address (I	P.O. Box NOT acceptable)	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

4	RT		F	137
	КΙ	IL I	. P.	IV-

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

"MGR" = Manager  AMBR  Jean Casas  3567 S Federal Hwy APT F  Boynton Beach, FL 33435   (Use attachment if necessary)	Title:	Name and Address:
Jean Casas  3567 S Federal Hwy APT F Boynton Beach, FL 33435  (Use attachment if necessary)  CLE 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 any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155, F.S.  Jean Casas Typed or printed name of signee Filing Fees	"AMBR" = Authorized Member	
(Use attachment if necessary)  CLE 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 any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155, F.S.  Jean Casas Typed or printed name of signee Filing Fees	<u> </u>	laca <b>0</b>
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Typed or printed name of signee Filing Fees	Je	an Casas
Filing Fees		
	-,	
	\$125.00 Filing Fee for Articles of	
	\$ 30.00 Certified Copy (Option	(al) \$ 5.00 Certificate of Status (Option

# SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("<u>Grantor</u>"), does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as its attorney-in-fact ("<u>Attorney-in-Fact</u>"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given by Grantor to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which MyUSACorporation.com, a Wyoming corporation, has purchased resident agent service on or through their account with Grantor. After each exercise of such authority, Attorney-in-Fact shall notify Grantor of the same.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31<sup>st</sup>, 2024.

Louise Breytenbach Chie	f Operating Officer	Dated: January 9 <sup>th</sup> , 2024
STATE OF NEVADA	)	
COUNT OF CLARK	) ss )	

This Special and Revocable Limited Power of Attorney was acknowledged before me on January 9<sup>th</sup>, 2024, by Louise Breytenbach, as Chief Operating Officer of InCorp Services, Inc., a Nevada corporation.

Notary Public in the State of Nevada .

My Commission Expires: June 10+2025

ROSA ELVIA SALINAS
Notary Public, State of Nevada
Appointment No. 21-0242-01
My Appt. Expires Jun 10, 2025