124000/42/48

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

TO:	New Filing Se Division of Co					
		ormance Vibe LLC				
SUBJ	JECT:	(Name of Resi	ılting Florida Lın	nited Con	npany)	
Busin	ess Entity" into	of Conversion, Articl a "Florida Limited Lia espondence concerning	ability Compa	ny" in a	d fees are submitted to convert ecordance with s. 605.1045, F.S	an "Other
Cono	r Richardson			_		
		(Contact Person)				
Clyat	t & Richardson, P			.		
		(Firm/Company)				
1401	Forum Way, Suit	e 720				
		(Address)				
West	Palm Beach, FL	33401		_		
	(0	City, State and Zip Code)				
	r@crr-law.com			_		
E-	mail Address: (to b	e used for future annual re	port notifications)		
For f	urther information	on concerning this ma	tter, please cal	l:		
Conc	r Richardson		_at () 471-	9600	
	(Name of Conta	ct Person)	(Area Co	de) (Day	rtime Telephone Number)	
Encle dolla	osed is a check f rs and drawn on	for the following amount a bank located in the	nt: (All checks United States)	s proces	sed by this office must be payal	ole in US
(\$25 f	50.00 Filing Fees for Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status	S180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New Divis The (t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	2024 HAR 28 A

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.

(Enter Name	of Other Business Entity)
2. The "Other Business Entity" is a	liability company
(Enter entity type. Example: corpo	ration, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated un	New Jersey
riist organized, formed or meorporated un	(Enter state, or if a non-U.S. entity, the name of the country)
3/16/2021	
on(date of organization, formation or incorporation	on)
3. The name of the Florida Limited Liabil	ity Company as set forth in the attached Articles of Organization:
The Performance Vibe LLC	
(Enter Name of Florid	da Limited Liability Company)
(The effective date: Cannot be prior to o	ter the effective date: date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Flo Note: If the date inserted in this block does not me document's effective date on the Department of Sta	date of receipt or filed date nor more than 90 calendar days after orida Department of State.) eet the applicable statutory filing requirements, this date will not be listed as the
the date this document is filed by the Flo Note: If the date inserted in this block does not me document's effective date on the Department of Sta 5. The plan of conversion has been approve	date of receipt or filed date nor more than 90 calendar days after orida Department of State.) set the applicable statutory filing requirements, this date will not be listed as the ate's records. red in accordance with all applicable statutes. "has agreed to pay any members having appraisal rights the amount to

Signed this 29th day of December	20 23
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	Tille: Anthorrand Capresentation
Signature(s) on behalf of Other Business Entity:	
Signature:	Title: ManysER
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature: Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili 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.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

FILED
2024 HAR 28 MH 8: 32

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIAB	ILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	y is:	
The Performance Vibe LLC (Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
3787 SE Big Bend Terrace	3787 SE Big Bend Terrace	
Hobe Sound, FL 33455	Hobe Sound, FL 33455	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the server of the se	Registered Agent. You must designate an i	nt's Signature: ndividual or another
Conor Richardson	lame	
1401 Forum Way, Suite 7	220	
	P.O. Box NOT acceptable)	
West Palm Beach	FL 33401	
City	Zip	
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this constantes relating to the proper and compact accept the obligations of my position at Registered Agent's	ed in this certificate. I hereby acc apacity. I further agree to compl lete performance of my duties, an	cept the appointment as ly with the provisions of all ad I am familiar with and or in Chapter 605, F.S
(CON	TINUED)	2024 HAR 28 AM 8: 32

Title:	Name and Address:				
"AMBR" = Authorized Member	TO THE WILL STATE OF THE PARTY				
"MGR" = Manager MGR					
	Andrew Triana				
	3787 SE Big Bend Terrace				
	Hobe Sound, FL 33455				
		; · 7 [·] .			
(Use attachment if necessary)		ำเ			
CLE V: Other provisions, if any.		• • •			
CLE V. Other provisions, it any.					
	1				
REQUIRED SIGNATURE:	<u></u>				
	///				
Signature of a member or an authorized representative of a member					
This document is executed in accordance	. I am aware th				
this document is executed in accordance	ment to the Department of State constitutes a th				

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)

ARTICLE IV-