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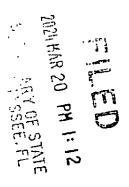
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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08/20/24-+01010--009 **150.00



T. MATTHEWS APR -8 2024

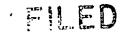


COVER LETTER

Division of C	orporations				
SUBJECT. AQUAS	PORTS & SCIENCE, LL	C.			
Sobsiter.		ulting Florida L	imited Cor	npany)	
				id fees are submitted to convert an "Other coordance with s. 605.1045. F.S.	
Please return all corre	espondence concernin	g this matter t	o:		
Jonathan Sanchez					
	(Contact Person)				
	(Firm/Company)				
760 Penlon Ct.					
	(Address)				
Orlando. FL 32807					
(0	City, State and Zip Code)		_		
jsan5000@gmail.com					
E-mail Address: (to b	e used for future annual re	port notification	s)		
For further informati	on concerning this ma	tter, please ca	11:		
Jonathan Sanchez		_at (<u>321</u>	9477	634	
(Name of Conta	et Person)	(Area Co	de) (Day	ytime 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)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Fill and Certified		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
<u>Mailing Add</u> New Filing S				t Address: Filing Section	
Division of C	orporations		Division of Corporations		
P.O. Box 632				Centre of Tallahassee	
Tallahassee, l	- L <i>323</i> 14		2415	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

TO: New Filing Section



Articles of Conversion For

"Other Business Entity"

2024 MAR 20 PM 1: 12

Into SEGMITARY OF STATE
Florida Limited Liability Company

SEGMITARY OF STATE
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: AQUA SPORTS & SCIENCE, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Einter state, or if a non-U.S. entity, the name of the country)
06/01/2020
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
AQUA SPORTS & SCIENCE, 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 this 14	th day of March	20
Signature of <i>E</i>	Authorized Representative of L	
Cirmotor of A	uthorized Representative:	+W
Signature of A	Jonathan Sanchez	Tide: P
rrinted Namets	Johathari Sanchez	ride: <u>r</u>
Signature(s) o	n behalf of Other Business Entit	y: See below for required signature(s)
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
- · · · · · · · · · · · · · · · · · · ·		
Signature:		
Printed Name:_		Title:
Sianatura		
Orgnature		Title:
rimeu Name		Title.
Signature:		
Printed Name:		Title:
Signature:		T'1
Printed Name:	• • • • • • • • • • • • • • • • • • • •	Title:
If Florida Cor	noration:	
	nairman, Vice Chairman, Director	, or Officer.
	Officers have not been selected, a	
	teral Partnership or Limited Lia	bility Partnership:
Signature of on	e General Partner.	
If Florida Lim	iited Partnership or Limited Lia	bility Limited Partnership:
	LL General Partners.	Mary Shines I situation pr
_		
All others:		
Signature of an	authorized person.	
Fees:		
Article	s of Conversion:	\$25.00
	r Florida Articles of Organizatio	
	ed Copy:	\$30.00 (Optional)
	cate of Status:	\$5.00 (Optional)
	•	· · · · · · · · · · · · · · · · · · ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	2024 HAR 20 PM 1: 12				
The name of the Limited Liability Company is:	2024 HAR 20 111				
	SECRETARY OF STATE TALLAMASSEE, FL				
AQUA SPORTS & SCIENCE, LLC.	STATE ASSET. FL				
(Must contain the words "Limited Liability					
ARTICLE II - Address:					
	incipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
760 Penlon Ct.	760 Penlon Ct.				
Orlando, FL 32807	Orlando, FL 32807				
The name and the Florida street address of the re- Jonathan Sanchez	egistered agent are:				
Name					
760 Penlon Ct.					
Florida street address (P.O.	Box NOT acceptable)				
Orlando	FL 32807				
City	Zip				
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and isstered agent as provided for in Chapter 605, F.S				

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
(Use attachment if necessary)			
CLE V: Other provisions, if any,			
<u> </u>			
<u> </u>			
REQUIRED SIGNATURE:			
(///,	1		

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)