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COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT:		eac LL ulting Florida Limited Con	npany)
			d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	this matter to:	
Paul De Top Br	(Contact Person) euch LLC		
9060 Acabia	(Firm/Company) n P(. APT - (Address)	118	
Top Brea	City, State and Zip Code) LLC used for future annual rep	Gmail.com	
For further information	on concerning this mat	ter, please call:	
Paul Del (Name of Contact	ct Person)	_ \	197-2404 time Telephone Number)
dollars and drawn on	or the following amou a bank located in the U		sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees. Certified Copy. and Certificate of Status
Mailing Addr	ess:	Street	Address:

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: Top Breed Fitness.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a L.L.C (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on C4/13/2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization top brend II.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: A, S, A, P. (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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 15th day of April	20 <u>24</u> .
Signature of Authorized Representative of Li	mited Liability Company:
Signature of Authorized Representative:	Title: Owner
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]
Signature: Putter De Liso	
Printed Name: Paul De Liso	Title: Owner
Signature:	
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, of Directors or Officers have not been selected, an	Incorporator must sign.
If Florida General Partnership or Limited Liah Signature of one General Partner.	omy rarmersnip:
If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	oility 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 1 - Name:

The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9060 Arubian Drive Fort Myers; FL 33912 APT-118	9060 Arabian Drive Fort myers, FL 339/2 APT-118

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Paul DeLiso
Name

9060 Arabian Drive APT-118

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

Fort Myers FL 33912

City Zip

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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	$O \setminus \mathcal{D} \cup$
AMBIC	Yau Derso
	9060 Arabian DINE APT-111
	Fort My 43, FL 33412
	, ,
	
(Use attachment if necessary)	
(Use attachment if necessary)	
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(Use attachment if necessary) FICLE V: Other provisions, if any.	
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TICLE V: Other provisions, if any.	
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TICLE V: Other provisions, if any.	
TICLE V: Other provisions, if any.	
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REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document in a docume	nce with section 605.0203 (1) (b), Florida Statutes. I am aware that
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document any false information submitted in a document is provided for in s.817.155, F.S.	nce with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document any false information submitted in a document is provided for in s.817.155, F.S.	nce with section 605.0203 (1) (b), Florida Statutes. I am aware tha cument to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document any false information submitted in a document is provided for in s.817.155, F.S.	or an authorized representative of a member note with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felon Delico

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)