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April 10, 2024

VIJITTRA JITTRAROM 11438 BRIGHTEN LENOLL RIVERVIEW, FL 33579 US

SUBJECT: FIRST STEP BODY CARE LLC

Ref. Number: W24000057247

We have received your document for FIRST STEP BODY CARE LLC and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please correct number 1 & 2 on the Articles of conversion page.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews Regulatory Specialist II

Letter Number: 924A00007743

COVER LETTER

SUBJECT: First Step Body	Care LLC
(Name of Resi	ulting Florida Limited Company)
	es of Organization, and fees are submitted to convert an "Otherability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:
Vijittra Jittrarom (Contact Person)	
First Step Body Care CORF (Firm/Company)) _.
(Firm/Company) 11438 Brighton knoll Le (Address)	 ∞p.
Riverview, FL. 33579 (City. State and Zip Code) Vijittra, jittrarom@icku	id.com
E-mail Address: (to be used for future annual rep	port notifications)
For further information concerning this mate	ter, please call:
Vijittra Jittsarom (Name of Contact Person)	at (813) 9991 5215
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amour dollars and drawn on a bank located in the U	nt: (All checks processed by this office must be payable in US Jnited States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\text{S155.00 Filing Fees} \text{and Certificate of Status}	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section	Street Address:
Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

TO: New Filing Section Division of Corporations

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: ### Step Body Oure CORP. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Cosporation. [24 0000 6813] (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 Od 01 3024 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
First Step Body Care UC. (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 05/01/3024
(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.



_20_24 <u></u>	
ted Liability Company:	
Title:MGR	
[See below for required signature(s)]	
Title: MGP_	
Title	
Title:	
Title:	
Tieles	
Title:	
Officer. corporator must sign. ty Partnership: ty Limited Partnership:	
\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	MIN FILED
	Title:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

First Step Body Care LLC.

(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:
11916 Balm Riverview Rd.	11438 Brighton Knoil Loop
Riverview, FL 33569	Riverview FL 33579.

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:

Vijittra Jittrarom		2021
Name		新 4
11438 Brighton knoll	Loop	FIL R25 R825 R825 R825 R825 R825 R825 R825
Florida street address (P.O. Box NO	OT acceptable)	79 PM
Riverview FL	33579	ED FRIZ:
City	Zip	₹ ⁽⁵⁾

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)

	INTE	- T	-	
Α	ки		. H.	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 MGR (Manager)	Vijittra Jittrasom 11438 Brighton Knoll Loop. Riverview, FL. 33579
(Use attachment if necessary)	
CLE V: Other provisions, if any.	22
REQUIRED SIGNATURE:	
GINATURE.	m S.
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware tha nent to the Department of State constitutes a third degree felor
Vijittaa	Jittrarom. ped or printed name of signee
Тур	ped 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)