# L24000289977

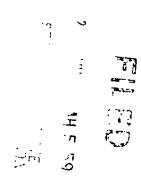
(Requ	estor's Name)	)	
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(City/S	State/Zip/Phor	ne #)	
PICK-UP	Mait	MAIL	
(Busin	iess Entity Na	me)	
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Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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T.J.H 6/28/24

#### COVER LETTER

TO: New Filing So Division of Co							
SUBJECT: BODY W	ELLNESS MARKETING	SERVICES LLO	2				
50B3EC11	(Name of Res	ulting Florida Lin	ited Com	puny)			
Business Entity" into	a "Florida Limited Li	ability Compar	ıy" in ac	d fees are submitted to co ecordance with s. 605.104	invert an 45, F.S.	"Other	
Please return all corre	espondence concerning	g uns mader to	-				
DANIEL ALESSANDR	0						
	(Contact Person)		_				
BODY WELLNESS FIT	TNESS AND MANAGME	NT LLC	_				
	(Firm/Company)						
220 CONGRESS PAR	K DRIVE SUITE 245						
	(Address)						
DELRAY BEACH FL 3	3445						
((	City, State and Zip Code)						
DANIEL2BODYWELLI	NESS.COM						
E-mail Address: (to b	e used for future annual re	port notifications)					
For further informati	on concerning this ma	tter, please call	:				
DANIEL ALESSANDR	0	at ( <sup>561</sup>	) <sup>5614</sup>	133499 ECT 101			
(Name of Conta	ict Person)	(Area Coo	le) (Day	time Telephone Number)			
Enclosed is a check of dollars and drawn on \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles	for the following amount a bank located in the \$155.00 Filing Fees and Certificate of Status	int: (All checks United States)  \$180.00 Fili and Certified C	ng Fees	sed by this office must be \$185.00 Filing Fees.  Certified Copy, and Certificate of Status	_	in US	
of Organization)	Status					2	
Mailing Add	ress:		Stree	t Address:	· ?	-	
New Filing S			New	Filing Section		. <del>.</del>	ž
Division of C	-			ion of Corporations		* **** ****	
P.O. Box 632 Tallahassee,				Centre of Tallahassee N. Monroe Street, Suite	810	ست د هم	-,.
randhassee,	1 15 343 17			hassee, FL 32303			 
					53	. <u>.</u>	تنص

#### **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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  ODY WELLNESS MARKETING SERVICES 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.)
Fi	rst organized, formed or incorporated under the laws of
or	04/22/2019
Oi	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
В	ODY WELLNESS MARKETING SERVICES LLC
	(Enter Name of Florida Limited Liability Company)
	If not effective on the date of filing, enter the effective date:
th No	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.)  Out: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the occument'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.
	TRAZES

Signed this	20 day of JUNE	_ 20
<u>Signature</u>	of Authorized Representative of Limit	ed Liability Company:
	1/	
Signature of	of Authorized Representative:	and the
Printed Nar	ne: DANIEL ALESSANRO	Title: PRESIDENT
Signature(	s) on behalf of Other Business Entity: [5	See below for required signature(s)
	Linda Wessandro	
Signature:	ne: LINDA ALESSANDRO	Title CFO
Printed ivai	He: CINDA ALEGOANDA	/ / / / / / / / / / / / / / / / / / /
Signature	No. Illin	n H
Printed Na	ne: Daniel Alessanino	Title: 10CM
Signature:		
Printed Nar	ne:	_ Title:
Signature:		Tist
Printed Nat	me:	_ Title:
Simature		
Printed Nar	me:	Title:
Titleed 1.0		
Signature:		
Printed Na	me:	_ Title:
Signature c	Corporation: of Chairman, Vice Chairman, Director, or Corporations or Officers have not been selected, an Inc.	
	General Partnership or Limited Liabilit of one General Partner.	y Partnership:
	Limited Partnership or Limited Liabilit of ALL General Partners.	y Limited Partnership:
All others: Signature of	t of an authorized person.	
Fees:		
Arı	ticles of Conversion:	\$25.00
	es for Florida Articles of Organization:	\$125.00
	rtified Copy:	\$30.00 (Optional)
	rtificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Company is	::	
BODY WELLNESS MARKET	ING SERVICES LLC		
		ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the p	orincipal office of the Limited	I Liability Company is:
Principal Office Address:	į	Mailing Address:	
220 CONGRESS PARK DRI	VE	220 CONGRESS PARK DR	RIVE
SUITE 245		SUITE 245	
DELRAY BEACH FL 33445		DELRAY BEACH FL 33445	
The name and the Florida s	ida registration.)	istered Agent. You must designate an i	ndividual or another
	Nan	ne	
C000 M	OLAKAI CIRCLE		
		O. Box NOT acceptable)	
BOYNT	ON BEACH	FL <sup>33437</sup>	
	City	Zip	
liability company at the registered agent and aground statutes relating to the paccept the obligations.	the place designated the place designated to act in this capa proper and complete s of my position as really as a second	to accept service of process for in this certificate, I hereby acceptively I further agree to complete performance of my duties, and egistered agent as provided for grature (REQUIRED)	ept the appointment as y with the provisions of all ad I am familiar with and
	(CONTI	NUED)	\$62°75 662°75
			<u></u>

AR	11	CI	$IV_{-}$

DANIEL ALESSANDRO

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	LINDA ALESSANDRO				
INGR	6888 MOLAKAI CIRCLE				
	BOYNTON BEACH FL 33437				
	BOTHTON BEACHT E 33437				
MGR	DANIEL ALESSANDRO				
	6888 MOLAKAI CIRCLE				
	BOYNTON BEACH FL 33437				
			<b>ა</b>		
(Use attachment if necessary)		J.		_	
,			:	0	
			•	محصد حصدت	
<b>FICLE V:</b> Other provisions, if any.					
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			ภ	الصياباً _	
		<u>}</u> =	<u>л</u>		
DEGUIDED CLCSV. TUDE	<u> </u>	> '	من		
REQUIRED SIGNATURE:					
	- <del></del>				

Typed or printed name of signee Filing Fees

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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.