L24000 301233

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	- , -
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
	 _	
Special Instructions to Fi	iling Officer:	
		,





000430638580

MALLAHASSEE, FL



FLORIDA CAPITAL COURIER	SERVICES, INC (850) 524–5437
2330 CLARE DR	(850) 524–6243
TALLAHASSEE, FL 32309	(850) 491–9625
Authorization Signature:	count: 120210000160: \$150.00
Business Name: SALUTE F Document #	ALATES LLC
Certified CopyCertificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer birector
Limited Liability	Change of Registered Agent
_XDomestication	Revocation of Dissolution 💆 🔘
LLLP	Merger
CORP	Articles of Conversion
Other	Restated Articles of Incorporation
Other	Statement of Authority
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Apostille	Foreign Filing
Country	Reinstatement
	Qualification
	Annual Report
	Fictitious Name

EXAMINER'S INITIALS:____

PLORIDA CAPITAL COURIER SE	ERVICES, INC (850) 524–543/
2330 CLARE DR	(850) 524–6243
TALLAHASSEE, FL 32309	(850) 491–9625
Please use funds from this accordant Authorization Signature: Business Name: SALUTE Please SALUTE Please Use funds from this accordant Business Name: Certified Copy	Hul-
Certificate of Status	
NEW FILINGS	AMMENDMENTS
Profit CorpNot for ProfitLimited Liability _X_DomesticationLLLPCORPOtherOther	AmendmentResignation of R.A. Officer/PrirectorChange of Registered AgentRevocation of Dissolution of Dissolutio
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Apostille	Foreign Filing
Country	Reinstatement
	Qualification
	Annual Report
	Fictitious Name

EXAMINER'S INITIALS:____

COVER LETTER

TO: New Filing Section Division of Corporations			
SALUTE PILATES LLC SUBJECT:			
Name of Limited Liab	oility Company	_	
Dear Sir or Madam:			
The enclosed Articles of Domestication of a Non-U.S. Entity ar	nd fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fo	llowing:		
Name of Person	_		
RS ACCOUNTING AND TAX SERVICES INC		2024 JUN 20 AM 9: 47	
Firm/Company	_	JUN	- Carrier
10 FAIRWAY DRIVE STE 306		20 I	Grand Control
Address	-	EE. F	
DEERFIELD BEACH FL 33441		JANA PARA	
City/State and Zip Code	-		
rodrigo@rsaccountingtax.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
RODRIGO P SILVA 954	623-7615		
Name of Person Area Code	Daytime Telephone Number	_	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810	

Articles of Domestication:

Articles of Organization: \$125 Total to Domesticate and file: \$150

\$25

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: ALUTE PILATES LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a LIMITED PARTNERSHIP (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
	(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 State of Wisconsin (Enter state, or if a non-U.S. entity, the name of the country)
or	09/05/2023
O1	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
S	ALUTE PILATES LLC
	(Enter Name of Florida Limited Liability Company)
	If not effective on the date of filing, enter the effective date:
r)	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
	e date this document is filed by the Florida Department of State.)
	<u>ste:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 08 day of JULY	2024 .		
Signature of Authorized Representative of Limit	ted Liability Company:		
Signature of Authorized Representative: LUCIANE GOMES BORTOLOTTO CAS	CYCOMES BOKOLOTTO CASAGRANDE	-	
Signature(s) on behalf of Other Business Entity:			
Signature: LUCIANC GOMES BORTOLOTTO CAS	OLOTTO CASAGRANDE	-	
		-	
Signature:Printed Name:	Title:	- -	
Signature:Printed Name:	Tid	_	
Signature:Printed Name:	Title:	- -	
Signature:Printed Name:		_	
Signature:Printed Name:	Title:	- 	
If Florida Corporation:		TALLAHAS	
Signature of Chairman, Vice Chairman, Director, or C If Directors or Officers have not been selected, an Inc		JUH 2	-
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	OF C	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	9:47	
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)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SALUTE PILATES LLC (Abel contain the words "Limited Lie	bility Company, "L.L.C.," or "LLC.")	
(Must contain the words Thinnes The	bing company, E.E.C., or EEC.	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Co	mpany is
Principal Office Address:	Mailing Address:	
9802 FOXHALL WAY UNIT 3	9802 FOXHALL WAY UNIT 3	20
ESTERO FL 33928	ESTERO FL 33928	24
		
ARTICLE III - Registered Agent, Registe	red Office, & Registered Agent's Signatur	2024 JUN 2Q _E
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature egistered Agent. You must designate an individual Granoth me registered agent are:	re?
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t RS ACCOUNTING AND T	egistered Agent. You must designate an individual or anoth the registered agent are:	6 HB 3
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t RS ACCOUNTING AND T	egistered Agent. You must designate an individual or anoth	6 HB 3
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t RS ACCOUNTING AND T	registered Agent. You must designate an individual for anoth the registered agent are:	6 HB 3
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t RS ACCOUNTING AND T N 10 FAIRWAY DRIVE STE	registered Agent. You must designate an individual for anoth the registered agent are:	6 HB 3
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t RS ACCOUNTING AND T N 10 FAIRWAY DRIVE STE	registered Agent. You must designate an individual or another registered agent are:	6 HB 3

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	
MGR	LUCIANE GOMES BORTOLOTTO CASAGRAN
	9802 FOXHALL WAY UNIT 3
	ESTERO FL 33928
MGR	DANIEL ANDRIGO CASAGRANDE
	9802 FOXHALL WAY UNIT 3
	ESTERO FL 33928
	
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	2024 JUN 20
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	SET AM
(Use attachment if necessary)	
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RTICLE V: Other provisions, if any.	
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-	
	

REQUIRED SIGNATURE:

LUCHANGGOMES BORTOLOTTO CASAGRANDE

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.

LUCIANE GOMES BORTOLOTTO CASAGRANDE

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)