

L24000406828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

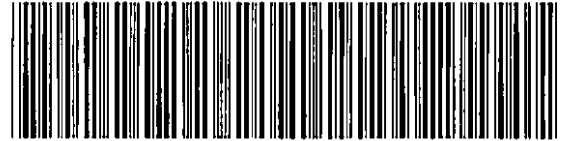
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000105878

08/20/24

Office Use Only



100433026441

SEP 20 2024

07/18/24--01035--007 \*\*150.00

FILED

2024 AUG 20 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2024

JAMES A SCHMIDT  
2904 W BAY TO BAY BLVD  
TAMPA, FL 33629 US

SUBJECT: WELLNESS WAY WESLEY CHAPEL LLC  
Ref. Number: W24000105878

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

We cannot process a conversion form that is meant for a different states offices please fill out and return our form attached to allow for filing.,

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

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 424A00016011

**JAMES A. SCHMIDT, P.A.**  
ATTORNEYS AT LAW

AUG 20 2024

2904 W. BAY TO BAY BLVD.  
TAMPA, FL 33629  
TEL: 813.250.3700  
FAX: 813.250.3701  
WWW.SCHMIDTLAWOFFICE.COM

August 8, 2024

Sent by USPS Priority Mail  
No. 9405 5112 0620 4253 1030 83

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

RE: Articles of Conversion of Wellness Way Wesley Chapel LLC, a Wisconsin limited liability company into Wellness Way Wesley Chapel LLC, a Florida limited liability company, and  
Notice of Withdrawal of FL Foreign Entity

Dear Sir or Madam,

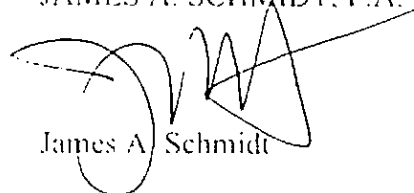
We previously sent Articles of Conversion for Wellness Way Wesley Chapel LLC (intended for WI) with check no. 2146 for the filing fee of \$150.00 dated July 2, 2024. Your office rejected our documents, but deposited the check. Please apply the check to the filing fee for the enclosed Articles of Conversion (\$25.00) and Articles of Organization (\$125.00).

Enclosed please find the following documents for filing:

1. Articles of Conversion for Wellness Way Wesley Chapel LLC, which is converting from a Wisconsin limited liability company to a Florida limited liability company;
2. Articles of Organization for Wellness Way Wesley Chapel LLC;
3. Notice of Withdrawal of FL Foreign Entity Document No. M22000014182; and
4. Check no. 2152 in the amount of \$25.00 for the Notice of Withdrawal filing fee.

Very truly yours,

JAMES A. SCHMIDT, P.A.



James A. Schmidt

Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wellness Way Wesley Chapel LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James A. Schmidt, Esq.

(Name of Person)

James A. Schmidt, P.A.

(Firm/Company)

2904 W Bay to Bay Blvd

(Address)

Tampa, FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

James A. Schmidt, Esq.

(Name of Person)

at (813) 250-3700  
(Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**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:  
Wellness Way Wesley Chapel LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Wisconsin  
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/26/2022  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Wellness Way Wesley Chapel 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.

**FILED**  
**2024 AUG 20 PM 5:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

Signed this 25th day of June 20 24

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]

Printed Name: Magdalena Kortis

Title: Manager

**Signature(s) on behalf of Other Business Entity:** [See below for required signature(s)]

Signature: [Signature]

Printed Name: Magdalena Kortis

Title: Authorized Representative

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, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**FILED**  
2024 AUG 20 PM 5:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Wellness Way Wesley Chapel 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:

2252 Twelve Oaks Way, Ste. 101

Wesley Chapel, FL 33544

### Mailing Address:

2395 Ambler Way Apt. 229

Land O Lakes, FL 34639

## 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:

Magdalena Kortis

Name

2252 Twelve Oaks Way, Ste. 101

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

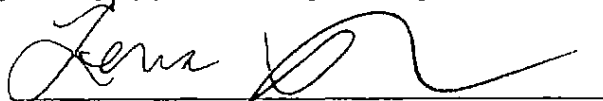
Wesley Chapel

FL 33544

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)

**FILED**  
2024 AUG 20 PM 5:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

2024 AUG 20 PM 5:23  
SECRETARY OF STATE  
TALLAHASSEE, FL  
Optional)

五