# L24000430748

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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May 21, 2024

VIRGINIE VANDEVOORDE 400 CENTRAL PARK W #5M NEW YORK, NY 10025 US

SUBJECT: THE INTERNATIONAL KINESIOLOGY TRAINING INSTITUTE LLC

(IKTI)

Ref. Number: W24000077861

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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

Letter Number: 824A00011092

KAIN COSTELLO Regulatory Specialist II New Filing Section

#### **COVER LETTER**

TO: New Fil Division	_	ion porations			
SUBJECT: The	e Interna	tional Kinesiology Tra	ining Institute LL0		
SOBSECT	•	(Name of Res	ulting Florida Limi	ted Com	pany)
			_		I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return al	l corresp	ondence concerning	this matter to:		
Virginie Vandevo	oorde				
		(Contact Person)	<del>.</del>	-	
International Kin	esiology	Training Institute			
	. (	(Firm/Company)		=	
400 Central Park	West #5	<b>БМ</b>			
		(Address)		-	
New York, NY 10	0025	, ,			
	(City	, State and Zip Code)		-	
info@ikti.org	` •				
E-mail Address	s: (to be u	sed for future annual rep	ort notifications)	-	
For further info	rmation	concerning this mat	ter, please call:		
Virginie Vandevo	oorde	-	_at (	,418-4	889
(Name of	Contact I	Person)	_at ( (Area Code	_/ ) (Dayt	ime Telephone Number)
		the following amou bank located in the t	•	orocess	ed by this office must be payable in US
\$150.00 Filing (\$25 for Conversion & \$125 for Article of Organization)	on a	<b>J\$</b> 155.00 Filing Fees and Certificate of tatus	\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Fil Divisior P.O. Bo	•	ion porations		New F Division The Co	Address:  Tiling Section on of Corporations entre of Tallahassee 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: The International Kinesiology Training Institute LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
11/17/2010
on  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
The International Kinesiology Training Institute 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.

Signed this 19	st day of	Мау	20_24
Signature of	Authorized Represen	tative of Limi	ted Liability Company:
Siamatura of A	Authorized Representat		n
Printed Name	vutnorizea Kepresentai Virginie Vandevoorde	live:	Title: Operation Director
Tritted Ivame.			Title. Operation of the control of t
Signature(s) o	on behalf of Other Bus	iness Entity: [	See below for required signature(s)
		`	
Signature:	mie		Title: Operation Manager
Printed Name:	virginie vandevoorde		Title: Operation Manager
Signature:			•
Printed Name:			Title:
Signature:			
Printed Name:	<del> </del>		Title:
Signatura:			
Printed Name:			
Timed Name.		<del></del>	
Signature:			
Printed Name:			_ Title:
Printed Name			
Timed Islanc.			
<u>If Florida Co</u>			
	hairman, Vice Chairma		
If Directors or	Officers have not been	selected, an Inc	orporator must sign.
If Florida Co	neral Partnership or L	imited Liebilit	zy Doutnombia.
	ne General Partner.	Annica Liadini	y rai meismp:
<u>If Florida Lin</u>	nited Partnership or L	<u>imited Liabilit</u>	y Limited Partnership:
Signatures of A	ALL General Partners.		
All othors			
All others:	n authorized person.		
Signature of al	a audiorized person.		
Fees:			
Article	es of Conversion:		\$25.00
Fees fo	or Florida Articles of 0	Organization:	\$125.00
	ed Copy:	-	\$30.00 (Optional)
Certifi	cate of Status:		\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Internation	al Kinesiology Training Institut	LLC
		iability Company, "L.L.C.," or "LLC.")
ARTICLE II The mailing ac		he principal office of the Limited Liability Company is:
<u>Principal Offi</u>	ce Address:	Mailing Address:
2750 Kissimme	e Bay Circle	2750 Kissimmee Bay Circle
ARTICLE III The Limited Liabil business entity with	- Registered Agent, Regislity Company cannot serve as its own than active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Regis lity Company cannot serve as its own th an active Florida registration.) the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Regislity Company cannot serve as its own than active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III The Limited Liabil business entity with	- Registered Agent, Regislity Company cannot serve as its own than active Florida registration.) the Florida street address of Vandevoorde Vingini	Kissimmee, FL 34744  tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  the registered agent are:
ARTICLE III The Limited Liabil business entity with	I - Registered Agent, Registity Company cannot serve as its own the an active Florida registration.)  the Florida street address of Vandevoorde, Vingini	Kissimmee, FL 34744  tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  the registered agent are:
ARTICLE III The Limited Liabil business entity with	I - Registered Agent, Registity Company cannot serve as its own the an active Florida registration.)  the Florida street address of Vandevoorde, Vingini	Kissimmee, FL 34744  tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  the registered agent are: Name

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

Title:	
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Virginie Vandevoorde
	2750 Kissimmee Bay Circle
	Kissimmee, FL 34744
<del></del>	
	•
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
•	
•	
CLE V: Other provisions, if any.	Mil
CLE V: Other provisions, if any.	Mil
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance.	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware the
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Virginie Vandevoorde	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware the