

# N 23000015031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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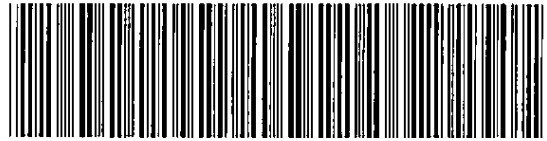
(Business Entity Name)

(Document Number)

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

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12/12/23--01005--008 \*\*105.00

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2023 DEC 12 PM 8:19  
TALLAHASSEE, FL

Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida Profit Corporation  
*Non-Profit*

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida ~~Profit~~ *Non-Profit* Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

ARIA BOOTCAMP LLC

Enter Name of Other Business Entity

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

FLORIDA

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

on 05/12/2022

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida ~~Profit~~ *Non-Profit* Corporation as set forth in the attached Articles of Incorporation:  
ARIA BOOTCAMP, CORP

Enter Name of Florida ~~Profit~~ *Non-Profit* Corporation

5. If not effective on the date of filing, enter the effective date: 11/30/2023  
(The effective date: Cannot be prior to nor more than 90 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.

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TALLAHASSEE, FL

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Signed this 30TH day of NOVEMBER, 2023

Required Signature for Florida <sup>Not Profit</sup> Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an  
Incorporator: [Signature]

Printed Name: JENNIFER ROWLEY Title: PRESIDENT

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

Signature: [Signature]

Printed Name: JENNIFER ROWLEY Title: PRESIDENT

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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.

If Florida Limited Liability Company:  
Signature of a Member or Authorized Representative.

All others:  
Signature of an authorized person.

<b>Fees:</b>	
Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: ARIA BOOTCAMP, CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11347 TIVERTON TRACE

FORT MYERS, FL 33913

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: OPERA TRAINING

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: IN A MEETING OF  
THE INCORPORATORS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JENNIFER ROWLEY, PRESIDENT

Address: 11347 TIVERTON TRACE  
FORT MYERS, FL 33913

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

CLERK OF STATE  
TALLAHASSEE, FL

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JENNIFER ROWLEY

Address: 11347 TIVERTON TRACE

FORT MYERS, FL 33913

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JENNIFER ROWLEY

Address: 11347 TIVERTON TRACE

FORT MYERS, FL 33913

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

11/30/2023

Date

*I submit this document and affirm that the facts stated herein are true. 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.*



Required Signature of Incorporator

11/30/2023

Date