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•		
(Re	questor's Name)	
(Add	dress)	
		•
(Ade	dress)	
(Cit	y/State/Zip/Phone	e #)
	_	_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Consist Instructions to	Elling Officer	
Special Instructions to	Filing Officer.	

Office Use Only



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T. CLINE

DEC - 7 2010

EXAMINER

COVER LETTER

_	stration S sion of C	Section orporations				
SUBJECT:	DR PH	IILLIP FITNESS, IN	C.			
SCHOLCI.			esulting Florid	la Profit Corp	poration	_
		cate of Conversion, Ar ty" into a "Florida Pro		-		
Please return	all corr	espondence concerning	g this matter	r to:		
		AZFAR H. SYED	<u> </u>			
		Contact Person				
	AZF	AR H. SYED CPA	A P.A.			
		Firm/Company				
	13538 V	ILLAGE PARK DRIV	'E. STE #23	30		
		Address				
		ANDO, FLORIDA 3	2837			ZEIOE SECR
	C	ity, State and Zip Code				AHA AHA AHA AHA AHA AHA AHA AHA AHA AHA
E-mail ac	azi	arsyed@aol.com be used for future annual r	eport notificat	ion)		ARY BI
		on concerning this ma	-			PHI2: 47
Az	far H. Sy	red	_at (_407) 704	-1064	and the E
Na	me of Con	tact Person	Area Co	de and Dayti	me Telephone Number	
Enclosed is	a check f	or the following amou	ınt:			
□ \$105.00 Fil	ing Fees	□\$113.75 Filing Fees and Certificate of Status	■\$113.75 l and Certifie		■\$122.50 Filing Fees Certified Copy, and Certificate of Status	,
STREET A Registration Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporat ding tive Cent	ions er Circle	Re Di P.	gistration	Corporations 27	

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida 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
Onversion is: DR PHILLIP FITNESS COMPANY LLC U0 - 16959
DR PHILLIP FITNESS COMPANY LLC 1911
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.)
first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
on 02/15/2005
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:
N/A
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :
DR PHILLIP FITNESS, INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

	C' Litt	,			
	Signed thisday of	, 20			
	Required Signature for Florida Profit Corporati	ion:			
	Individual signing affirms that the facts stated in th		ation cor	nstitutes	5
	a third degree felony as provided for in s.817.155, I	F.S.			
	Signature of Chairman, Vice Chairman, Director, C	Officer, or, if Directors or Officers have	not bee	n	
_	selected, an Incorporator: 3el below	PRECIDENT			
/	Printed Name: BRYCE READY Title:	PRESIDENT			
	Required Signature(s) on behalf of Other Business	Entity: Individual(s) signing affirm(s)	that the	facts	
	stated in this document are true. Any false informat				
	s.817.155, F.S. [See below-for required signature(s).		•		
(
\	Signature: * Sweet Ready				
	Signature: * Buse Feedy Printed Name: BRYCE READY	Title: MGRM			
	Printed Name: MARCY READY	_ Title: MGRM			
	Signature:Printed Name:		57	2	
	Printed Name:	Title:	333	<u></u>	
	S:			330	eres grass
	Signature: Printed Name:	Title			We Labeller
	Timed Name.	Title.	SS AS	ch Ch	
	Signature:		ES:	_0	7-17
	Printed Name:			PK 12:	min
	21		76.2	-	
	Signature:Printed Name:	Title:	<u>.</u> 1002 L± į	47	
	Printed Name:				
	If Florida General Partnership or Limited Liabilit	v Partnership:			
	Signature of one General Partner.				
	If Florida Limited Partnership or Limited Liabilit	y <u>Limited Partnership:</u>			
	Signatures of <u>ALL</u> General Partners.				
	If Florida Limited Liability Company:				
	Signature of a Member or Authorized Representative	•			
	,				
	All others:				
	Signature of an authorized person.				
	Fees:				
	Certificate of Conversion:	\$35.00			
	Fees for Florida Articles of Incorporation:	\$70.00			
	Certified Copy:	\$8.75 (Optional)			
	Certificate of Status:	\$8.75 (Optional)			
		the state of the s			

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor	NAME poration shall be: DR PHIL	LIP FITNESS	SINC
			J, 1140.
ARTICLE II	PRINCIPAL OFFICE	Mailing ad	drace if different is:
EE97 DAG	Principal street address	Mailing ad 5537 SAGO PALM DRI	dress, if different is:
	SO PALM DRIVE	ORLANDO, FLORIDA 32	
ORLANDO	, FLORIDA 32819	0101100,7101101101	
ARTICLE III	PURPOSE		
	nich the corporation is organized is:		
	a, for profit fitnes	s center to con	duct business
The number of shar		_	
The number of shar	es of stock is: 1000 shares	8	
ARTICLE V	INITIAL OFFICERS AND/OR DIRI	ECTORS	
	e: BRYCE READY - PRESIDENT	Name and Title: MARCY READ	Y - VICE PRESIDENT
Address:	5537 SAGO PALM DRIVE	Address: 5537 SAGO PA	ALM DRIVE
	ORLANDO, FLORIDA 32819	ORLANDO, FL	ORIDA 32819
			AS 2
Name and Ti	tle:	Name and Title:	1 47
Address:		Address:	
			CO Co
		5.7 1.77713	57 S P P P
	tle:		
Address:		Address:	
			Sant Sin No.
ADDICE DE LIT	REGISTERED AGENT		97 5
The name and Flat	rida street address (P.O. Box NOT accep	stable) of the registered agent is:	-
Name:	BRYCE READY	muoie) of the registered agent is.	
Address:	5537 SAGO PALM DRIVE		
Addiess.	ORLANDO, FLORIDA 32819	·	
	OREANDO, FEORIDA 32819	····	
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:			
Address:	5537 SAGO PALM DRIVE		
	ORLANDO, FLORIDA 32819		
this certificate, I and Required I submit this docu	ed as registered agent to accept service of a familiar with and accept the appointment and Signature Registered Agent ment and affirm that the facts stated herepartment of State constitutes a third deginate.	nt as registered agent and agree to a //·30·/0 Date rein are true. I am aware that any	ct in this capacity false information submitted in a
15	Land.	11.30.10	
X angle	ed Signature/Incorporator	//· 30 · / Date	
requir	ou organiure/micorporator	Dute	