P11000099827

(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:				
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SECRETARY OF STATE

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J. SAULSBERRY EXAMINER

NOV 2 1 2011

COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32301

SUBJECT: EXC	Hic Work	outs			
	Name of F	Resulting Florida Profit Cor	poration	_	
			, and fees are submitted cordance with s. 607.11		n
Please return all corr	respondence concernin	g this matter to:			
Shirline	Murdock Contact Person	- -			
Exotic V	Sirm/Company				
2010 NE 16	4 St North M Address	iami Beach, Fl	33162	2011 SE(TALL	
	City, State and Zip Code	. <u> </u>		ZOII NOV 18 AM SECNETARY OF ALLAHASSEE, F	
E-mail address: (to	ctions a ar	eport notification)		F ()	
For further informati	on concerning this ma	tter, please call:	•	8: 08	,
Shirline M Name of Cor	urdock ntact Person	at (305) 8 CARCA CODE and Dayti	ne Telephone Number	_	
Enclosed is a check t	for the following amou	nt:			
\$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Fees and Certified Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions	MAILING A Registration of C Division of C P. O. Box 63 Tallahassee,	Section 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 Conversion is: LIOCODO 5/620 Exotic Workouts, LLC Enter Name of Other Business Entity 5-11-10
Exotic Workouts, LLC 5-11-10
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited liability Corporation (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 Finter date "Other Business Entity" was first organized, formed or incorporated to
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 Corporation as set forth in the attached Articles of Incorporation: Exotic workouts 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.

Q.		
Signed this 4 day of November	, 20 \).	
Described Signature for Floride Profit Councy	ention.	
Required Signature for Florida Profit Corpor		
Individual signing affirms that the facts stated in		ormation constitutes
a third degree felony as provided for in s.817.15	5, F.S.	
Signature of Chairman, Vice Chairman, Director	r. Officer. or. if Directors or Officers h	nave not been
selected an Incorporator: 51 . 1 10 Y	madoile	
selected, an Incorporator: Shirting mirdock Title	le: VICE DIRECTORNT	
		
Required Signature(s) on behalf of Other Busin		
stated in this document are true. Any false inform		y as provided for in
s.817.155, F.S. [See below for required signature(s).]	
Signature: Shiring madder Printed Name: Shiring Murdock		
Printed Name: Slavely 100, 100 up and 200K	Title: VICE OVECIDEN	T
Signature: Kelven Dans Printed Name: Kelven Dans		
Printed Name: Kelven Davis	Title: <u>President</u>	
Signature:		
Signature:Printed Name:	Title:	*************************************
Signature:Printed Name:		
Printed Name:	Title:	- 12 20 20 Zi
Signature: Printed Name:		ZUII NOV 18 SECRETARY
Printed Name:	Title:	
		AR SS
Signature:Printed Name:		— inici
Printed Name:	Title:	
If Florida General Partnership or Limited Liab	ility Partnershin	- 85 cc - 12
Signature of one General Partner.	mty I arthersmip.	AG 80
If Florida Limited Partnership or Limited Liab	ility Limited Partnership:	
Signatures of <u>ALL</u> General Partners.		
If Florida Limited Liability Company:		
Signature of a Member or Authorized Representati	ive	
Dignature of a Wember of Framonized Representati		
All others:		
Signature of an authorized person.		
Faas		
Fees: Certificate of Conversion:	\$35.00	
Fees for Florida Articles of Incorporation		
•	\$8.75 (Optional)	
Certified Copy: Certificate of Status:	` • · · ·	
Certificate of Status:	\$8.75 (Optional)	

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

ARTICLE I The name of the co	NAME rporation shall be: EXOTIC WO	rkouts, Inc	
<u>ARTICLE II</u> _2010		Mailing add	ress, if different is:
• •	PURPOSE hich the corporation is organized is: d all lawful purpo	ose	
ARTICLE IV The number of shar	SHARES es of stock is: \$ 0 0		
	INITIAL OFFICERS AND/OR DIRECT	Y carda lame and Title:	
Name and Ti Address:	tle: Kelven Davis Presiden 13750 NE 2041 Jane Miami, Fr 33181		
Name and Ti Address:	tle:	Name and Title: Address:	11 31 E C
	REGISTERED AGENT		NOV RET
The name and Flo Name: Address:	rida street address (P.O. Box NOT acceptable Kelven Oavis 13750 NF 20+4 lane Mushmi Fl 33181	Apr 11	I B AM
ARTICLE VII	INCORPORATOR		85 œ (
The <u>name and add</u> Name: Address:	ress of the Incorporator is: Shir line murdocic 21139 NE 4th Ct : niami, Fl 33179		08 10 A
	ed as registered agent to accept service of pro n familiar with and accept the appointment a		
Helven Requi	Paris red Signature/Registered Agent	11 9 1 Date	_
	ment and affirm that the facts stated herein partment of State constitutes a third degree f		
Shilli	ed Signature/Incorporator	11 9 11 Date	