# 912000095049

| . (Re                   | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ad                     | dress)             |                 |
| (Ad                     | dress)             |                 |
|                         | ry/State/Zip/Phone | . <del>m</del>  |
| (Cit                    | ly/State/Zip/Fnone | <del>; #)</del> |
| PICK-UP                 | ☐ WAIT             | MAIL            |
| (Bu                     | siness Entity Nan  | ne)             |
| (                       |                    | ,               |
| (Do                     | cument Number)     | <del></del>     |
| (50                     | oument Number)     |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
|                         |                    |                 |
|                         |                    | :               |
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Office Use Only



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12 NOV 13 PH 12: 39 SECRETAIN OF STATE ALLAHASSEE, FLORINA

B. BOSTICK NOV 1 5 2012 EXAMINER

## **COVER LETTER**

| TO: Registration Division of Control   | Section<br>Corporations                               |   |  |                   |           |           |
|--|---|---|--|-------------------|-----------|-----------|
| SUBJECT:   | 2Hino Co GROI   | IP THC. Resulting Florida Profit Con                              | moration   | <del></del>       |           |           |
|  | icate of Conversion, A                                | rticles of Incorporation  | , and fees are submitte cordance with s. 607.11                        |                   | rt an     |           |
| Please return all cor  | respondence concernin                                 | g this matter to:   |  |                   |           |           |
| Michael  | A L FA-RO Contact Person                              |   |  |                   |           |           |
|  | Firm/Company  | **************************************                            |  |                   |           |           |
| 12325  | SW 131 AVE  |   |  |                   |           |           |
| _  | - 33186<br>City, State and Zip Code                   |   |  | SEURE:<br>TALLAHA | 12 NOV 13 | -(        |
| E-mail address: (to  | PHINOCO FIT No be used for future annual r            | eport notification)   |  | ASSEE.            |           | CERTAIN N |
| •  | ion concerning this ma                                |   |  | FLORIDA           | PH I2: 3  | -         |
| Michael<br>Name of Co  | A\Fallo ntact Person                                  | _*** \/   | 3 78 - SCo )<br>ime Telephone Number                                   | - Dm              | õ         |           |
| Enclosed is a check  | for the following amou                                | nt:   |  |                   |           |           |
| ☑ \$105.00 Filing Fees   | □\$113.75 Filing Fees<br>and Certificate of<br>Status | ■\$113.75 Filing Fees<br>and Certified Copy                       | □\$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |                   |           |           |
| STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent | tions   | MAILING A Registration S Division of C P. O. Box 63: Tallahassee, | Section<br>Corporations<br>27  |                   |           |           |

Tallahassee, FL 32301

# **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:  |
|---|
| PHINOCO FITNESS, LLC. L/1000056259  |
| Enter Name of Other Business Entity   |
| 2. The "Other Business Entity" is a   |
| Flonida   |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>  |
| Enter Name of Florida Profit Corporation  |
| Enter Name of Florida Profit Corporation  |
| 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.)  We would like TO |
| 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 LEP OFGAM conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.   |

Page 1 of 2

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

| Signed this 5 <sup>M</sup> day of NOVEMBER             | , 20_12                                    |                   |
|--|--|-------------------|
| Required Signature for Florida Profit Corporat         | ion:                                       |                   |
| Individual signing affirms that the facts stated in th | is document are true. Any false informa    | ation constitutes |
| a third degree felony as provided for in s.817.155, I  |  | ation commutes    |
| a third degree leiony as provided for in s. 617.133, i | r. <b>.</b> 3.                             |                   |
| Signature of Chairman, Vice Chairman, Director, C      | Officer, or, if Directors or Officers have | not been          |
| selected, an Incorporator;                             |  |                   |
| Printed Name: Michael Alfans Title:                    | CHAMMON. (P)                               |                   |
|  |  |                   |
| 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   | tion constitutes a third degree felony as  | provided for in   |
| s.817.155, F.S. [See below for required signature(s).] | 1  |                   |
| 10///  |  |                   |
| Signature:   |  |                   |
| Printed Name: Michael Alfaro                           | Title: CHAirman (P)                        |                   |
| Signature:   | <u> </u>                                   |                   |
| Printed Name: NATHAN FOCKTEL                           | _ Title: Cttone MAN (p)                    |                   |
|  |  |                   |
| Signature: Printed Name: Satrato Paccos                |  |                   |
| Printed Name: Spino Pareos                             | _Title: _TREASMER                          | •                 |
| a.   |  |                   |
| Signature:   | 731.1                                      |                   |
| Printed Name:  | little:                                    | •                 |
| 0'   |  |                   |
| Signature:Printed Name:                                | Title                                      | •                 |
| Printed Name:  | _ rue.                                     | •                 |
| Signature:   |  |                   |
| Printed Name:  | Title:                                     | •                 |
| Timed Name.  |  | ,                 |
| If Florida General Partnership or Limited Liabilit     | ty Partnership:                            |                   |
| Signature of one General Partner.                      |  |                   |
|  |  |                   |
| If Florida Limited Partnership or Limited Liabilit     | y Limited Partnership:                     |                   |
| Signatures of ALL General Partners.                    |  |                   |
|  |  | =                 |
| If Florida Limited Liability Company: (LC)             |  | ASS -             |
| Signature of a Member or Authorized Representative.    | · MK                                       | Za 2              |
|  | //   | TZ NOV            |
| All others:  |  | SS                |
| Signature of an authorized person.                     |  | mi w              |
|  |  | S TO THE          |
| Fees:  |  | 己。三               |
| Certificate of Conversion:                             | \$35.00                                    | Sh N              |
| Fees for Florida Articles of Incorporation:            | \$70.00                                    | Dri w             |
| Certified Copy:  | \$8.75 (Optional)                          | ب حد              |
| Certificate of Status:                                 | \$8.75 (Optional)                          |                   |
| Artitionic of During.                                  | Tour (obnound)                             |                   |

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

| ARTICLE I The name of the corp                   | NAME: PHINOCO  | GROUP, IN                | sc.                                 |                        |  |               |
|--|--|--------------------------|-------------------------------------|------------------------|--|---------------|
|  | PRINCIPAL OFFICE  Principal street address  2 S C (3) AVE  A FL 33,8\c                             |                          | Mailing add<br>12325 3<br>Miani, FL | ress, if different is: | SA                                     | <br><br>Vε    |
|  | URPOSE  ch the corporation is organized is:  | GNUP. COPPE              | cu)                                 |                        |  |               |
| The number of share                              | SHARES s of stock is: 1,000,000  | ATT TO TO TO             |                                     |                        |  |               |
| Name and Title<br>Address:                       | MITIAL OFFICERS AND/OR D<br>:: Michael Alfaro (<br>12325 Sw 131 Ade<br>MIA FL 33184                |                          | and Title:                          |                        | ************************************** | <u>-</u><br>- |
| Name and Title<br>Address:                       | :: NATHAN FOISTER<br>12325 SW 131 AUG<br>MIA, FL 33184   | (Piesiant) Name<br>Addre |                                     |                        |  | <u> </u>      |
| Name and Title<br>Address:                       | : £0600 PATEDES<br>12325 SW 131 AVE<br>M.A PL 33194  | Addre                    |                                     | <u> </u>               | .2                                     | <u> </u>      |
|  | EGISTERED AGENT  da street address (P.O. Box NOT ac  McWel AIFAO  12515 S.W. 13/ Av  NAA: JU 33186 | 4                        | stered agent is:                    | AHASSEE, F             | HO 13 PH                               |               |
| ARTICLE VII II The name and addre Name: Address: | MCORPORATOR  SSS of the Incorporator is:  Lithar Allowo  12315 131 106  MM, Ft 33184               |                          |                                     | E. FLORIDA             | 12: 39                                 | O             |
| Having been named<br>this certificate, I am j    | as registered agent to accept service<br>familiar with-and accept the appoint                      | ment as registered a     | gent and agree to act               | in this capacity       | esignate                               | ed in         |
| •  | d-Signature/Registered Agent   |                          | // / / / / / / Date                 |                        |  |               |
| document to the Dep                              | ent and affirm that the facts stated to  | egree felony as prov     | ided for in s.817.155,              | F.S.                   | bmitted                                | in a          |
| Required   | Signature/Incorporator   |                          | 11/05/12<br>Date                    |                        |  |               |

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

| The name of the corpo                              | AME ration shall be: PHinoCo  | Scorp, INC                                   | ٤.  |                            |             |
|--|---|--|---|----------------------------|-------------|
| 1232   | Principal office Principal street address  S CW 13   AW  FL 33   8V                             |  | Mailing addres 12325 3 ~ Missi, FL                |                            | SAME        |
|  | RPOSE h the corporation is organized is:  | owup. Coppie                                 | ,)  |                            |             |
| The number of shares                               | HARES of stock is: 1,000,000  |  |   |                            |             |
|  | ITIAL OFFICERS AND/OR DID<br>Michael Alfaro (2<br>12325 (w 131 Aw<br>Mia, El 33,84              |  | nd Title:s:                                       |                            |             |
| Name and Title:<br>Address:                        | NATHAN FOISTER (<br>12325 SW 131 AVE<br>MIA, FL 331818  | President Name a Address                     |   | S: C                       | 12          |
| Name and Title:<br>Address:                        | 20620 PAREDES (<br>12325 SW 131 AVE<br>MA 20 33184  | Name a                                       | nd Title:s:                                       | AHASSEE.                   |             |
|  | CGISTERED AGENT a street address (P.O. Box NOT acce  M.W. AIFAO  12517 SN 131 MA  MAA: N. 331 M |  | ered agent is:                                    | ~                          | H 12: 39    |
| ARTICLE VII IN The name and address Name: Address: | ECORPORATOR  Softhe Incorporator is:  Milhael Alberto  17275 181 M/6  Milhael 33184             |  |   |                            |             |
|  | as registered agent to accept service amiliar with and accept the appointm                      | ent as registered ag                         | ent and agree to act in                           |                            | lgnated in  |
| Required   | Signature/Registered Agent  |  | / 05 / 12<br>Date                                 |                            |             |
| I submit this documen document to the Depart       | nt and affirm that the facts stated h<br>riment of State constitutes a third de                 | erein are true. I an<br>gree felony as provi | n aware that any false<br>ded for in s.817.155, F | : information subr<br>S.S. | nitted in a |
| In   |   |  | 1/05/12   |                            |             |
| Required   | Signature/Incorporator  | <u></u>                                      | Dáte  |                            |             |