

P13000032143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

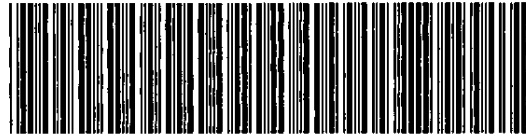
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

04/08/13--01045--009 **113.75

T. Burch APR 10 2013

(Handwritten signature)

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: BeFIT Health Studio Inc.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Justin Bedor

Contact Person

BeFIT Health Studio

Firm/Company

135 Parliament Loop, Suite 1011

Address

Lake Mary, FL 32746

City, State and Zip Code

justin@befithealthstudio.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Bedor

Name of Contact Person

at (407) 732-4745

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 ADDRESS:

Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Charter Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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13 APR -8 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

This Certificate of Conversion **and attached Articles of Incorporation** 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:

BeFIT Health Studio LLC M12000000635
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(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 Delaware
(Enter state, or if a non-U.S. entity, the name of the country)

on October 7, 2011
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:

FL

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

BeFIT Health Studio Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: ASAP
(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.)

Signed this 1 day of April, 2013

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SECRETARY OF STATE

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: J. Bedor

Printed Name: Justin Bedor Title: Co-Owner

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

Signature: J. Bedor
Printed Name: Justin Bedor Title: Managing Partner

Signature: _____
Printed Name: Jeremy Cook Title: Managing Partner

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.

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)

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: BeFIT Health Studio Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
135 Parliament Loop, Suite 1011
Lake Mary, FL 32746

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Personal Training and Group Fitness Training, also
helping with nutrition, goal setting and motivation

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Bedor Co-Owner
Address: 132 Vista Verdi Cir #324
Lk Mary, FL 32746

Name and Title: Jeremy Cook Co-Owner
Address: 722 Creekwater Ter. #204
Lk Mary, FL 32746

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Justin Bedor
Address: 132 Vista Verdi Cir #324
Lk Mary, FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Justin Bedor
Address: 132 Vista Verdi Cr #324
Lk Mary, FL 32746

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/Registered Agent

4/3/2013
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/Incorporator

4/3/2013
Date

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TALLAHASSEE, FL