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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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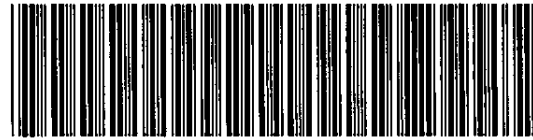
(Business Entity Name)

(Document Number)

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

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17 MAY 25 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 26 2017

T SCHROEDER

## COVER LETTER

**TO:** Charter Section  
Division of Corporations  
InBodied Living & Co.

**SUBJECT:** \_\_\_\_\_  
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:

Sylvia Vitazkova

\_\_\_\_\_  
Contact Person

InBodied Living & Co.

\_\_\_\_\_  
Firm/Company

19445 NW 95th Ave.

\_\_\_\_\_  
Address

Micanopy, FL 32667

\_\_\_\_\_  
City, State and Zip Code

sylvia@inbodiedliving.org

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

For further information concerning this matter, please call:

Sylvia Vitazkova

540 878-1987  
at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**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:

InBodied Living LLC

217-26661

Enter Name of Other Business Entity

Limited liability company

2. The "Other Business Entity" is a \_\_\_\_\_  
(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)

01/01/2017

on \_\_\_\_\_  
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**:

InBodied Living & Co.

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.)

**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, FLORIDA

Signed this 20th day of April, 2017.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: [Signature]  
Printed Name: Sylvia K. Vitazkova Title: CEO

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

Signature: [Signature]  
Printed Name: Sylvia K. Vitazkova Title: CEO

Signature: [Signature]  
Printed Name: James P. Houston Title: CFO

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 FOR FLORIDA PROFIT BENEFIT CORPORATION**

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

**ARTICLE I NAME**

InBodied Living & Co.

The name of the benefit corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: \_\_\_\_\_

19445 NW 95th Ave.

Micanopy, FL 32667

**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

to engage in yoga, meditation, coaching and riding instruction, life coaching, environmental education and conservation.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

Offering yoga classes and coaching on a sliding scale to allow people in a wide range of economic situation to participate in, and benefit from, these activities.

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TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)**

Sylvia K. Vitazkova, CEO & Secretary

James P. Houston, CFO

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

19445 NW 95th Ave.

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

19445 NW 95th Ave.

Address \_\_\_\_\_

Micanopy, FL 32667

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

Micanopy, FL 32667

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

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

Address \_\_\_\_\_

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

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

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

If applicable, BENEFIT DIRECTOR:  
Sylvia K. Vitazkova

Name: \_\_\_\_\_  
19445 NW 95th Ave.

Address: \_\_\_\_\_  
Micanopy, FL 32667

If applicable, BENEFIT OFFICER:  
James P. Houston

Name: \_\_\_\_\_  
19445 NW 95th Ave.

Address: \_\_\_\_\_  
Micanopy, FL 32667

**ARTICLE VI REGISTERED AGENT**

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

Name: \_\_\_\_\_  
19445 NW 95th Ave.

Address: \_\_\_\_\_  
Micanopy, FL 32667

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Sylvia Vitazkova

Name: \_\_\_\_\_  
19445 NW 95th Ave.

Address: \_\_\_\_\_  
Micanopy, FL 32667

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

PhD in Ecology, Evolution and Environmental Biology; Certified Yoga Teacher

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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

4/20/17  
Date

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

4/20/17  
Date