P17000072947

(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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FILED WITTO

T BURCH

COVER LETTER

то:	Charter Section Division of Corporations				
CHRI	ECT: Body Wellness Fitness And Managemen	nt Inc.			
3004	Name of I	Resulting Flo	orida Profit C	orporation	
The er Entity	nclosed Certificate of Conversion, Articles " into a "Florida Profit Corporation" in acc	of Incorpor cordance wi	ation, and fee th s. 607,111.	es are submitted to convert an "Ot 5, F.S.	her Business
Please	return all correspondence concerning this	matter to:			
DANII	EL ALESSANDRO				
	Contact Person				
RODY	WELLNESS FITNESS AND MANAGEME	NT INC.			
	Firm/Company				
2385 1	NW EXECUTIVE CENTER DRIVE				
	Address				
BOCZ	A RATON FL 33431				
	City, State and Zip Code	`			
	EL@BODYWELLNESS.COM				
	E-mail address: (to be used for future annu	ial report no	otification)		
For ft	arther information concerning this matter,				
DAN	HEL ALESSANDRO	201 at (421-54)	360	
	Name of Contact Person	A	rea Code and	Daytime Telephone Number	
Enclo	osed is a check for the following amount:				
□ S1	05.00 Filing Fees	□\$113.75 and Certif	Filing Fees led Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Divis Clifte	EFT ADDRESS: Filings Section sion of Corporations on Building Executive Center Circle		New F Divisio P. O. I	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassec, FL 32301



August 17, 2017

BODY WELLNESS FITNESS AND MANAGEMENT LLC 2385 NW EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431

SUBJECT: BODY WELLNESS FITNESS AND MANAGEMENT LLC

Ref. Number: W17000067888

We have received your document for BODY WELLNESS FITNESS AND MANAGEMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on August 14, 2017.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 617A00016923

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.

Enter Name of Other Business Entity	· · ·		
2. The "Other Business Entity" is a	: - .:_	Đ(i)	-11
2. The "Other Business Emity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	子 は の	30 A	
first organized, formed or incorporated under the laws of		=	J
(Enter state, or if a non-U.S. entity, the name of the country)			
JANUARY 18, 2001 on		_	
Enter date "Other Business Entity" was first organized, formed or incorporated	i		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws organized, formed or incorporated:	s of whi	ich it	is now
		ich it	is now
organized, formed or incorporated:		ich it :	is now
The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> .		ich it	is now

Signed tl	isday of	. 20			
Require	d Signature for Florida Profit Corporation:				
Signature Incorpora Printed N	d Signature for Florida Profit Corporation: e of Chairman, Vice Chairman, Director. Officerator: DANIEL ALESSANDRO Same: DANIEL ALESSANDRO Title: CHIEFO	r. or, if Directors or Offigers have not been sel	ected, an		
Require	d Signature(s) on behalf of Other Business Ea				
Printed N	Name: LINDA ALESSANDRO	_ Title:			
Signatur	name: LINDA ALESSANDRO c: CHECK NOWELLO				
Printed 1	DANIEL ALESSANDRO	Title: MANAGING PARTNER			
	e:				
Printed 1	Name:	_ Title:			
Signatur	re;				
Printed	Name:	_ Tide:			
Signatui	re;				
Printed	Name:	_ Title:			
Signatur	re:				
Printed	Name:	_ Title:			
1f Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
<u>If Flori</u> Signatu	da Limited Partnership or Limited Liability res of <u>ALL</u> General Partners.	<u>Limited Partnership:</u>			
If Flori Signatu	da Limited Liability Company: re of a Member or Authorized Representative.				
All other	ers: are of an authorized person.				
<u>Fees:</u>	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

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

ARTICLE I The name of the	NAME he corporation shall be:	NESS AND MANAGEMENT INC.
	PRINCIPAL OFFICE	
	place of business/mailing address is:	
	Principal street address	Mailing address, if different is:
2385 NW EXE	ECUTIVE CENTER DRIVE	
BOCA RATO	N FL 33437	
The purpose	II PURPOSE for which the corporation is organized is: HEALTH AND FITNESS CLASSES AND EDU	ICATION TO THE PUBLIC, CORPORATIONS, SCHOOLS,
GATED COM	MUNTIES AND COUTRY CLUBS THROUGH	OUT FLORIDA, THE UNITED STATES AND
AND AROUN	ND THE WORLD UTILIZING TECHNOLOGY A	AND WEB SERVICES
	IV SHARES 25,000,000 of shares of stock is:	
ARTICLE	V INITIAL OFFICERS AND/OR DIRE	ECTORS
Name and T	LINDA ALESSANDRO PRESIDENT/CEO	Name and Title:
Address:	6888 MOLAKAI CIRCLE	Address:
	BOYNTON BEACH FL 33437	
Name and T	DANIEL ALESSANDRO COO	Name and Title:
Address:	6888 MOLAKI CIRCLE	Address:
	BOYNTON BEACH FL 33437	
Name and T	MARYCATHERINE CHU SECRETARY	Name and Title:
Address:	1234 SOUTH MILITARY TRAIL	Address:
	DEERFIELD BEACH FL 33442	

	and Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:			
Name:	DANIEL ALESSANDRO				
Address:	6888 MOLAKAI CR				
	BOYNTON BEACH FL 33437		:**	17	
ARTICL	E VII INCORPORATOR		: - : :- :	AUS	
The <u>name</u>	and address of the Incorporator is:			မ္သ	
Name:	DANIEL ALESSANDRO		~ ~:		_m
Address:	6888 MOLAKAI CR			AH II:	
	BOYNTON BEACH FL 33437		• • •		
********* Having be this certification in the cert	een named as registered agent to accept service of proficate, I am familiar With/ahd accept the appointment of	ocess for the above stated corporation as registered agent and agree to act in the 8/30/2017	it the p his cap	dace d pacity	esignated in
	Required Signature/Registered Agent	Date			
I submit i docume	this document and affirm that the facts stated herein t to the Department of State constitutes a third degree	are true. I am aware that any false in felony as provided for in s.817.155, F.S	formai S.	tion su	bmitted in a
1	Jacklikh	8/30/2017	_		
	Required Signature/Incorporator	Date			