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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

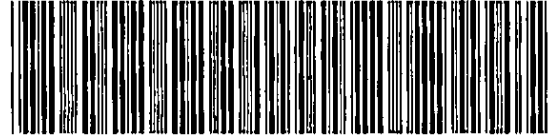
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/18/17--01015--014 **105.00

T. BURCH

SEP 19 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: BM Sports Science Institute of Lauderdale, 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:

William Farah
Contact Person

William Farah Law
Firm/Company

301 E. Liberty St., Suite 200
Address

Ann Arbor, MI 48104
City, State and Zip Code

wf@williamfarahlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Farah at (734) 669-3311
Name of Contact Person 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:
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

Signed this 5th day of September, 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:

Printed Name: William Farah Title: Incorporator

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

Signature: 

Printed Name: William Farah Title: Authorized Representative

Signature: _____

Printed Name: _____ Title: _____

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)

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: BM SPORTS SCIENCE INSTITUTE OF LAUDERDALE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
44191 Plymouth Oaks BLVD
Suite 600
Plymouth, MI 48170

Mailing address, if different is:
44191 Plymouth Oaks BLVD
Suite 600
Plymouth, MI 48170

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To own and operate sports training and athletic facilities

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael C. Barwis, President, Secretary
Address: 525 Northwest Peacock BLVD
Port St. Lucie, FL 34986

Name and Title: Michael C. Barwis, Treasurer, Director
Address: 525 Northwest Peacock BLVD
Port St. Lucie, FL 34986

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: Michael C. Barwis
Address: 525 Northwest Peacock BLVD
Port St. Lucie, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William Farah
Address: 301 E. Liberty ST., Suite 200
Ann Arbor, MI 48104

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

9-13-17
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

9/13/17
Date