

PI9000042187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

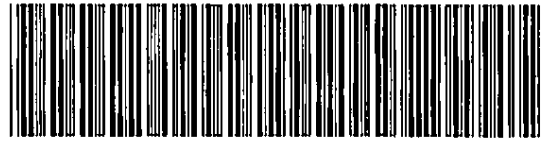
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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C RICO
MAY 13 2019

11:42
SECTION 10
DIVISION OF CORPORATIONS
19 MAY 13 PM 5:25

SUBJECT: _____
Name of Resulting Florida Profit Corporation

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

RECEIVED
FBI NEW YORK
JUN 10 1964
7:5:25

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:
Invasion Fitness, LLC

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)

May 19, 2016

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:

n/a

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

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

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: Ryan Richter Title: CEO

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

Signature: _____

Printed Name: Ryan Richter Title: CEO

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)

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

ARTICLE I NAME Invasion Fitness, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

13032 McIntosh Lakes Ln

Dover, FL 33527

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacture, sell, and distribute fitness apparel.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Ryan Richter, CEO

Name and Title: _____

13032 McIntosh Lakes Ln

Address: _____

Dover, FL 33527

Jeremy Richter, President

Name and Title: _____

321 Sidewinder Loop

Address: _____

Crestview, FL 32536

Shannon Richter, COO

Name and Title: _____

13032 McIntosh Lakes Ln

Address: _____

Dover, FL 33527

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

19 MAY 13 PM 5:25
SECTION 607
DIVISION OF REVENUE

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

Ryan Richter

Name:

13032 McIntosh Lakes Ln

Address:

Dover, FL 33527

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ryan Richter

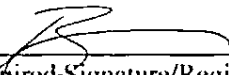
Name:

13032 McIntosh Lakes Ln

Address:

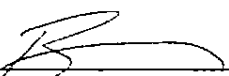
Dover, FL 33527

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

5/11/19
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

5/11/19
Date