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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:





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то:	New Filing Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·		;		
SUBJ	FCT. TWINS GYMNASTIC	SINC				
CODO	Name of	Resulting Florida Pr	rofit Co	orporati	on	
	nclosed Articles of Conversion, Articles o into a "Florida Profit Corporation" in acc					le
Please	return all correspondence concerning this	s matter to:				
MA	RIA DEL CARMEN SUAF	REZ				
	Contact Person					
TW	INS GYMNASTICS INC					
	Firm/Company					
129	7-1299 UNIVERSITY DF	2				
_	Address					
СО	RAL SPRINGS, FL 3307	1				
	City, State and Zip Code	2				
twir	nsgymnastics@hotmail.co	om				
	E-mail address: (to be used for future annu	ual report notification	m)			
	rther information concerning this matter,	-				
MA	RIA DEL CARMEN SUAREZ	$Z_{\rm at}$ (954)	249-	3713	}	
	Name of Contact Person		e and E	Daytime	Telephone Number	
Enclo	sed is a check for the following amount:					
≡ \$19	05.00 Filing Fees and Certificate of Status	□\$113.75 Filing F and Certified Copy	у (Certific	50 Filing Fees, 1 Copy, and ate of Status	
	Mailing Address:			ddress		
	New Filing Section Division of Corporations			ing Sec	ction rporations	
	Division of Corporations	וכו	LAISION	corco	(horacion)	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

	Enter Name of the Converting Entity
2. The converting entity is a	IMITED LIABILITY COMPANY 49000 302021
(Enter o	ntity type. Example: limited liability company, limited partnership, partnership, common law or business trust, etc.)
first organized, formed or inco	porated under the laws of FLORIDA
	Enter state, or if a non-U.S. entity, the name of the country)
_{on} 11/08/2019	
OII	•
Enter d	te "Converting Entity" was first organized, formed or incorporated.
	fit Corporation as set forth in the attached Articles of Incorporation:
3. The name of the Florida Pro	fit Corporation as set forth in the attached Articles of Incorporation:
3. The name of the Florida Pro TWINS GYMNAS 4. This conversion was approv	fit Corporation as set forth in the <u>attached Articles of Incorporation:</u> ICS INC
3. The name of the Florida Pro TWINS GYMNAS 4. This conversion was approve current/organic jurisdiction.	fit Corporation as set forth in the attached Articles of Incorporation: ICS INC Enter Name of Florida Profit Corporation d by the eligible converting entity in accordance with this chapter and the laws of its
3. The name of the Florida Pro TWINS GYMNAS 4. This conversion was approve current/organic jurisdiction. 5. If not effective on the date of	fit Corporation as set forth in the <u>attached Articles of Incorporation</u> : ICS INC Enter Name of Florida Profit Corporation d by the eligible converting entity in accordance with this chapter and the laws of its filling, enter the effective date: 02/01/2020
3. The name of the Florida Pro TWINS GYMNAS 4. This conversion was approve current/organic jurisdiction. 5. If not effective on the date of (The effective date: Cannot Department of State.)	fit Corporation as set forth in the attached Articles of Incorporation: ICS INC Enter Name of Florida Profit Corporation d by the eligible converting entity in accordance with this chapter and the laws of its

Signed	1 this <u>29</u>	_day of APRIL	_{. 20} 20	 -
Requi	red Signature	for Florida Profit Corporatio		
Signati	ure of Director,	Officer, or, if Directors or Off	icers have not been selected, an	n Incorporator:
Printed	i Name:	DEL CARMEN SUAREZ Title:)	
		s) on behalf of Converting Flow for required signature(s).]	orida partnerships, limited p	artnerships, and limited liability
		e estara		
Printed	I Name: MARI	A DEL CARMEN SUAR	EZ Title: SD	
		Eleverage		
Printed	Name: MAF	RIA ELENA SUARE	Z _{Title:} D	
Signati	ure:			
Printed	l Name:		Title:	
Signat	ure:			**************************************
Printed	l Name:		Title:	
Signat	ure:			
Printed	l Name:		Title:	<u> </u>
Signati	ure:			
Printec	l Name:		Title:	
If Flor Signati	ida General P ure of one Gene	<mark>artnership or Limited Liabili</mark> eral Partner.	ty Partnership:	
		artnership or Limited Liabili eneral Partners.	ty Limited Partnership:	
		iability Company: er or Authorized Representative	:.	
All oth Signati	ners: ure of an author	rized person.		
Fees:	Articles of Co Fees for Flori- Certified Cop Certificate of	da Articles of Incorporation: y:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME TWINS GYM	NASTICS	INC	ነጃዙ 02
ARTICLE II				- A
тие решенраг р	Principal street address		Mailing address, if different is:	PH 12: 23
1297-12	99 UNIVERSITY DR			<u></u>
CORAL	SPRINGS, FL 33071			
	FURPOSE or which the corporation is organized is: ATE THE ORIGINAL COM	IPANY NA	ME	
ARTICLE IV The number of	SHARES 100 Shares of stock is: OFFICERS AND/OR DIRECTORS			
Name and Titl	MADIA DEL CADMENI CHADEZ	VP Name and Title	MADIA ELENIA CITA	REZ
Address:	1297-1299 UNIVERSITY DR	Address:	1297-1299 UNIVERSIT	Y DR
	CORAL SPRINGS, FL 33071		CORAL SPRINGS, FL 3	3071
Name and Title	e:	Name and Title	<u> </u>	
Address:		Address:		
Name and Title	e:	Name and Title	:	
Address:		Address:		

The <u>name</u>	and Florida street address (P.O. Box NOT ac	cceptable) of the registered agent is:
Name:	MARIA DEL CARMEN SUAREZ	
, Address:	1297-1299 UNIVERSITY DR	
	CORAL SPRINGS, FL 33071	

	Mario Suosa	04/29/2020
	Required Signature/Registered Agent	Date