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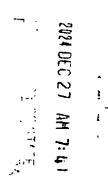
	(Requestor's Name)
	(Address)
((Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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12/27/24--01007--025 **150.00



Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Art U.S. Kickboxing Grand Prix, LLP	ticles of Conversion is:
(Enter Name of Other Business Entity)	 *
2. The "Other Business Entity" is a Limited Liability Partnership	
(Enter entity type. Example: corporation, limited partnership, general partnership, con	nmon law or business trust, etc.)
First organized, formed or incorporated under the laws of	ah
	the name of the country)
12/12/2022 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A	articles of Organization:
U.S. Kickboxing Grand Prix, LLC	
(Enter Name of Florida Limited Liability Company)	 '
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more that 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 document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable statute	es.
 The "Converted or Other Business Entity" has agreed to pay any members having app which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	raisal rights the amount to 2021 OEC 27 AH 7

Signed this 20 day of December	20.24
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative:	W
	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: // W	
Printed Name: Christopher W Cichon	Title: Managing Partner
Signature:	mid. Managing Destage
Printed Name: Jennifer L Cichon	Title: Managing Partner
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	
	
Signature:	42.5
Printed Name:	1 itle:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Directors of Officers have not been selected, an inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
Fees:	_
Articles of Conversion:	\$25.00
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	· ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
U.S. Kickboxing Grand Prix, LLC	Library of LC " and LC "
(Must contain the words "Limited	Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	The principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5292 Foothills Preserve Loop	5292 Foothills Preserve Loop
Mount Dora, FL 32757	Mount Dora, FL 32757
Christopher Cichon	Name
5292 Foothills Preserve	= Loop
Florida street addres	s (P.O. Box <u>NOT</u> acceptable)
Mount Dora	FL 32757
City	Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position. Registered Agent	and to accept service of process for the above stated limited atted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and a as registered agent as provided for in Chapter 605, F.S
(CO	NTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>[itle:</u> AMBR" = Authorized Member	Name and Address:	
MGR" = Manager	Christopher W Cichon	
MGR	5292 Foothills Preserve Loop	
	Mount Dora, FL 32757	
MGR	Jennifer L Cichon	
	5292 Foothills Preserve Loop	
	Mount Dora, FL 32757	
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Use attachment if necessary)		
Use attachment if necessary)		··
Use attachment if necessary) LE V: Other provisions, if any.		
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LE V: Other provisions, if any.		
REQUIRED SIGNATURE:	r an authorized representative of a m	emher
REQUIRED SIGNATURE:	r an authorized representative of a m	ember s. I am awarê t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	ce with section 605.0203 (1) (b). Florida Statute	s. I am awaré t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a me with section 605.0203 (1) (b). Florida Statute ument to the Department of State constitutes a time of the section 605.0203 (1) (b).	s. I am awaré t
Signature of a member of a member of any false information submitted in a doc as provided for in s.817.155, F.S. Christopher W Cichon	ce with section 605.0203 (1) (b). Florida Statute ument to the Department of State constitutes a t	s. I am awaré t
Signature of a member of a member of any false information submitted in a doc as provided for in s.817.155, F.S. Christopher W Cichon	ce with section 605.0203 (1) (b). Florida Statute	s. I am awarê t