

1250000 48924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

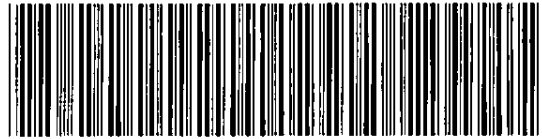
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 FEB -6 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953

ORDER FORM

TO: Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM: Melissa Moreau

850.656.7956

REQUEST DATE 02/6/2025

PRIORITY Routine

OUR REF #.(Order ID#) Devon

ORDER ENTITY

Alycia Carrillo Fitness LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

Alycia Carrillo Fitness LLC

Please file the attached conversion and subsequent articles of organization.

NOTES:

\$ 150.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alycia Carrillo Fitness LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Alycia Carrillo
Alycia Carrillo Fitness LLC
4110 Des Moines St. NE, St. Petersburg, FL 33703
alyciacarrillofitness@gmail.com

For further information concerning this matter, please call: Alycia Carrillo at 831-214-7650

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE
OF FLORIDA
DIVISION OF CORPORATIONS

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** 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 Articles of Conversion is:
Alycia Carrillo Fitness LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company first organized, formed or incorporated under the laws of Louisiana on November 9, 2023.

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Alycia Carrillo Fitness LLC

(Enter Name of Florida Limited Liability Company)

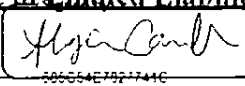
4. This conversion shall be effective on the date of filing.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed on 2/6/2025

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Alycia Carrillo

Title: Sole Member

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

Signature: 

Printed Name: Alycia Carrillo

Title: Sole Member

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STATE
SECRET, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is Alycia Carrillo Fitness LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 4110 Des Moines St. NE, St. Petersburg, FL 33703

Mailing Address: 4110 Des Moines St. NE, St. Petersburg, FL 33703

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

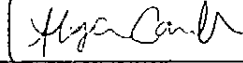
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Alycia Carrillo	
Name	
4110 Des Moines St NE	
Florida street address (P.O. Box NOT acceptable)	
St. Petersburg, FL	33703
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Signed by:



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 11TH JUDICIAL CIRCUIT
ST. PETERSBURG, FLORIDA

ARTICLE IV-

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

Title:

Sole Member / Manager

Name and Address:

Alycia Carrillo
4110 Des Moines St. NE, St. Petersburg, FL 33703

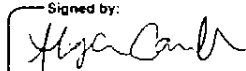
ARTICLE V: Other provisions, if any. N/A

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. 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.

Signed by:



605C64C7827744C
Alycia Carrillo

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STATE
FL

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