# #1/1000125039

| (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:  CORRECTION TO EFF. DATE PER  CONVERSATION WITH BLANCA PERERA  //-2-2011 KS |

Office Use Only



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K. SALY EXAMINER

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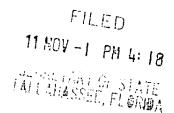
### **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: ALL AMERICAN TRANSPORT SERVICES, INC (Name of Resulting Florida Limited Company)   |
| The enclosed Certificate 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. 608.439, F.S.   |
| Please return all correspondence concerning this matter to:   |
| Blanca-Perera AND/OR LINCOLN FONTANILLS OR DAMIAN PIAZ<br>(Contact Person)  NORTH AMERICAN LOGISTICS SERVICES, LIC  (Firm/Company)  |
| NORTH AMERICAN LOGISTICS SERVICES, LIC<br>(Firm/Company)  |
| 5719 N.W 158 Street (Address)   |
| Mi AMi LAKes, A 33014<br>(City, State and Zip Code)   |
| E-mail address: (to be used for future annual report notifications)   |
| For further information concerning this matter, please call:  |
| (Name of Contact Person) at (305) 455 1150 X1609  (Area Code and Daytime Telephone Number)  |
| Enclosed is a check for the following amount:   |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$155.00 Filing Fees and Certified Copy and Certificate of Status  \$180.00 Filing Fees and Certified Copy Certified Copy and Certificate of Status                  |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |

### EFFECTIVE DATE

currently organized, formed or incorporated.

## Certificate of Conversion For "Other Business Entity" Into



Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of  |
|--|
| Conversion is: ALL AMERICAN TRANSPORT SERVICES INC   |
| (Enter Name of Other Business Entity) P04000161995   |
| 2. The "Other Business Entity" is a CORPORATION.   |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  |
| first organized, formed or incorporated under the laws of Florida, USA (Enter state, or if a non-U.S. entity, the name of the country)   |
| on /2/1/2004. (Enter date "Other Business Entity" was first organized, formed or incorporated)   |
| (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:   |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| NORTH AMERICAN TRANSPORT SYSTEMS, I.C. (Enter Name of Florida Limited Liability Company)   |
| (Enter Name of Florida Limited Liability Company)  |
| 5. If not effective on the date of filing, enter the effective date: ///20//. (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) |
| 6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.   |

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

| Signed this day of  | 20 20//.   |
|---|--|
|   | resentative of Limited Liability Company: ited in this document are true. Any false information id for in s.817.155, F.S.                        |
| Signature of Member or Authorized Represe   | entative: Title: Language blenson.   |
|   | <u>ntity:</u> Individual(s) signing affirm(s) that the facts stated in<br>ion constitutes a third degree felony as provided for in<br>ature(s).] |
| Signature: VALIAN PIAZ  | Title: MANAGING MUNBEL   |
|   | Title: MANAGING MEMBEL   |
| Printed Name: M. QO BERTO DI AN   | Title: MANQ ging Moubel  |
| Signature:Printed Name:   | Title:   |
| Signature:Printed Name:   | Title:   |
| Signature:Printed Name:   |  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected. |  |
| If Florida General Partnership or Limited Signature of one General Partner.   | Liability Partnership:   |
| If Florida Limited Partnership or Limited Signatures of ALL General Partners.   | Liability Limited Partnership:   |
| All others: Signature of an authorized person.  |  |
| Fees:   |  |
| Certificate of Conversion:<br>Fees for Florida Articles of Organization:<br>Certified Copy:<br>Certificate of Status: | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional)<br>Page 2 of 2  |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NORTH AMERICAN TRANSPORT SYSTEMS, LLC

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| (Must end with the words "Limited Liability Company, the abbrevi   | eation "L.L.C.," or the designation "LLC.")  |              |
|--|--|--------------|
| ARTICLE II - Address: The mailing address and street address of the prince   | cipal office of the Limited Liability Company is:  |              |
| Principal Office Address:  | Mailing Address:   |              |
| 5719 N. W. 158 St.<br>MiAMILAKOS, FL 33014   | -019 N.W. 158 St.<br>Minni lakes Fl 33014  |              |
| ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)   | office, & Registered Agent's Signature: d Agent. You must designate an individual or another   |              |
| The name and the Florida street address of the regi  |  |              |
| - DAMIAN   | DIAZ EST   | 5 -          |
| N  | Name 3.5   | <u> </u>     |
| ,5719N.W. 15   | 20. Box NOT acceptable)  | P            |
| Florida street address (P  | O. Box NOT acceptable)   | PH           |
| Miani Lakes,<br>City, St   | FL 33014 ate, and Zip  | 4: 18        |
| Having been named as registered agent and to accept company at the place designated in this certificate, I agree to act in this capacity. I further agree to comproper and complete performance of my duties, and position as registered agent as provided for in Chap | I hereby accept the appointment as registered age ply with the provisions of all statutes relating to the I am familiar with and accept the obligations of noter 608, F.S. | nt and<br>he |
| Registered/Age   | ent's Signature (REQUIRED)   |              |

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| Title:                               | Name and Address:  |
|--------------------------------------|--|
| "MGR" = Manager<br>"MGRM" = Managing | Member   |
|                                      | ^ ^  |
| MERH                                 | DAMIAN DIAZ  |
|                                      | MIAMILAKES, PL 33014   |
|                                      | The Cares, the second  |
| MORM                                 | LINCOLN FONTANIIS  |
| MERM                                 | MANII Lakes, Fl 33014  |
| 4.00                                 | P. I de A  |
| MORM                                 | Cisoberto Pinc   |
|                                      | Mignilates Pl 33014  |
|                                      |  |
| -                                    |  |
|                                      |  |
|                                      |  |
| (Use attachment if nec               |  |
| ARTICLE V: Effective date            | e, if other than the date of filing: //////(OPTIONAL)  |
|                                      | (OPTIONAL) ot be prior to nor more than 90 days after the date this document is filed by   |
|                                      | State; AND 2) must be the same as the effective date listed in the attached  |
|                                      | f an effective date listed therein.)   |
| REQUIRED SIGNATURE                   | ·  |
| MEQUINED SIGNATURE                   | $\sim 10$  |
| , ,                                  | ( ) July V   |
| Signature of a r                     | nember or an authorized representative of a member.  |
| -                                    | n 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under  |
| the penalties of perjury that        | at the facts stated herein are true. I am aware that any false information submitted in a ent of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
|                                      |  |
|                                      | Typed or printed name of signee  |
|                                      | -A.F   |
|                                      | Page 2 of 2  |