# LK5000079179

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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15 APR 29 AM 9: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

RECEIVED

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: MY EXCLUSIVE Transportation, LCC (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:			
Helen Siguenza			
My Exclusive Transportation, LC			
3120 APROPORT West Drive			
Vero Beach, FL 32960			
(City, State and Zip Code)  Wyexclusive transportation 2 Maul. Com  E-mail Address: (to be used for future annual report notifications)			
For further information concerning this matter, please call:    Location   Signature   Sig			
Enclosed is a check for the following amount:			
\$150.00 Filing Fees (\$25 for Conversion & Status \$180.00 Filing Fees and Certificate of Status \$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314  Tallahassee, FL 32301			

## **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 Articles of Conversion is:  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a COFPOFATION P14000077349
(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
on (Enter state, or if a non-U.S. entity, the name of the country)  (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
My Exclusive Transportation, LC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the
date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

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SECRETARY OF STATE

Signed this 24 day of APTI 20 14		
Signature of Authorized Representative of Limited Liability Company:		
Signature of Authorized Representative:  Printed Name: HEIEN Signanza Title: President		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)		
Signature: HEIEN Signenza Title: President		
Printed Name: HEIEN Signenza Title: President		
Signature:		
Signature:  Printed Name: Title:		
Signature: Title:		
Printed Name: Title:		
Signature: Title:		
Printed Name: Title:		
Signature: Title:		
Signature: Title:		
rimed Name Title		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer.		
If Directors or Officers have not been selected, an Incorporator must sign.		
If Florida General Partnership or Limited Liability Partnership:		
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.		
All others: Signature of an authorized person.		

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Fees:

Certified Copy: Certificate of Status:

\$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
My Exclusive Transportation, L.L. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Mailing Address:  Mailing Address:  Mailing Address:  P.O. Box 690242  Vero Beach, Ft 32960 Vero Beach, Ft 32969
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:    Marcel DragoMir   The Street address (P.O. Box NOT acceptable)   NoT DragoMir   The Street address (P.O. Box NOT acceptable)   NoT DragoMir   No
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  Registered Agent's Signature (REQUIRED)  (CONTINUED)
Florida street address (P.O. Box NOT acceptable)  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  Registered Agent's Signature (REQUIRED)

Company:	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	HELEN Signenza 3120 Airport West Dr
Mar	Marcel Dragoming 7393 North Blud Fort Dierce, FL 34951
<del></del>	TALLAND PE
(Use attachment if necessary)	date of filing:
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: PTIONAL De specific and cannot be more than tive sines days prior
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Align
(In accordance with section 605.0203 (1) constitutes an affirmation under the penal	or an authorized representative of a member.  (b), Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true.  mitted in a document to the Department of State
constitutes a third degree felony as provide	ded for in s.817.155, F.S.)  Signature of signee
Filing Fees: \$125.00 Filing Fee for Articles of	

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

ARTICLE IV-

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)