L17000151519

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(expects/2,pr. nend ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies
Special Instructions to Filing Officer:
Special mandetions to 1 ming officer.

Office Use Only



400300837254

06/29/17--01002--005 **185.00

7 JUL 14 PH 1: 15

Wy-54514

T. BURCH
JUL 1 4 2017

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: All Star Transportation UC (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:
HEIDY Rodriguez (Contact Person) Union Calvier Services (Firm/Company)
5050 NW 74 LUE Ste 108
City, State and Zip Code) Union Calcien Services 26 Lead. com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Telephone Number)
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)
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status Status \$180.00 Filing Fees and Certified Copy and Certificate of Status \$185.00 Filing Fees Certified Copy and Certificate of Status

STREET ADDRESS:

New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

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



June 30, 2017

HEIDY RODRIGUEZ 5050 NW 74 AVE STE 108 MIAMI, FL 33166

SUBJECT: ALL STAR TRANSPORTATION LLC

Ref. Number: W17000054514

We have received your document for ALL STAR TRANSPORTATION LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 517A00013325



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: All Star Transportation UC (Enter Name of Other Business Entity)	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, e	c.)
First organized, formed or incorporated under the laws of Nevale (Enter state, or if a non-U.S. entity, the name of the country)	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	1:
All Stal 1 Transport Usa LLC. (Enter Name of Florida Limited Biability Company)	
4. If not effective on the date of filing, enter the effective date: 6272017. (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	1e
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 this 12 day of July	20 17
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: LUIS E Quintana Gard	Title: Hel
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature(s) on behalf of Other Business Entity: Signature: Printed Name: Elisabeth Lodi que Signature:	Title: 1/1/
- Control Name: Control to May 19) Title
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Star 1 Transport Usa UC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

Mailing Address:

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

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

ARTICLE 1 - Name:

ARTICLE II - Address:

Principal Office Address:

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent are: Wis E Quin Lang Garcia
Name
2100 SW Fle Ct
Florida street address (P.O. Box NOT acceptable)
Miani FL 3315T
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)

(CONTINUED)

Company: <u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Luis E Quintana Galcia 2100 SW 76 Ct MIAMI FI 33155
	SS PH PH I
(Use attachment if necessary)	1.15.5 15.42
(If an effective date is listed, the date must to or 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior the applicable statutory filing requirements, this date will not be listed as the specords.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member This document is executed in ac	or an authorized representative of a member.

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

ARTICLE IV-

Typed or printed name of signce

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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.

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that ALL STAR TRANSPORTATION LLC did on June 16, 2015, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: Electronic Filing
Certificate Number: C20150616-2175
You may verify this certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 16, 2015.

Backers K. Cegarske

BARBARA K. CEGAVSKE Secretary of State





BARBARA K. CEGAVSKE Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

Articles of Organization Limited-Liability Company (PURSUANT TO NRS CHAPTER 86)

Filed in the office of	Document Number 20150272492-24
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time 06/16/2015 2:36 PM
	Entity Number E0296842015-7

USE BLACK INK ONLY - DO	мот нівнывнт		ABOV	E SPACE IS I	FOR OFFICE USE ONLY	
1. Name of Umited- Lability Company: (must contain approved limited-liability company wording; see instructions)	ALL STAR TRANSPORTATION LL	С	Series	_	Cneck box if a Restricted Limited- Liability Company	
2. Registered Agent for Service	Commercial Registered Agent:	me				
of Process: (check only one box)	Noncommercial Registered Agent (name and address below)		Office or Posi			
	ELIZABETH RODRIGUEZ					
	Name of Noncommercial Registered Agent	OR Name of Title of O	ffice or Other Position	with Entity		
	4505 E DESERT INN RD UNIT 51	LAS V	EGAS	 Neva	da 89121	
	Street Address	City			Zip Code	
	4505 E DESERT INN RD UNIT 51	LAS V	EGAS	Neva	da 89121	
	Mailing Address (it different from street add	ess) City			Zip Code	
3. Dissolution Date: (optional)	Latest date upon which the company is	to dissolve (if existen	ce is not perpetual); ;		
4. Management: (required)	Company shall be managed by:		OR M	ember(s)		
5. Name and Address of each	ind 1) ELIZABETH RODRIGUEZ					
Manager or	4505 E DESERT INN RD UNIT 51	LAS V	EGAS	NV	89121	
Managing Member:	Street Address	City		State	Zip Code	
(attach additional page if more than 3)	2) Name					
	Street Address	City		State	Zip Code	
	3)					
	Name				:	
				ii		
	Street Address	City		State	Zip Code	
6. Effective Date	Effective Date:	Effe	ective Time:			
and Time: (optional)	I declare, to the best of my knowledge under p	ensity of perfury that the	oformation contained	hemin is com	ect and acknowledge	
7. Name, Address and Signature of	that pursuant to NRS 239.330, it is a category the Secretary of State.	C felony to knowingly offer	any false or forged in	strument for f	iling in the Office of	
Organizer: (attach additional page if more	ELIZABETH RODRIGUEZ		IZABETH RODRIGUE	.z		
than 1 organizer)	Name		er Signature			
	4505 E DESERT INN RD UNIT 51	LAS V	LUAS	NV.	89121	
8. Certificate of	I hereby accept appointment as Re	City existered Agent for the	he above named	State Entity	Zip Code	
Acceptance of	1	gistored Agent IUI II	ie apove nameo	Linny.		
Appointment of	X ELIZABETH RODRIGUEZ			[6/16/	2015	
Registered Agent:	Authorized Signature of Registered Ager	nt or On Behalf of Regis	need Agent Entity	Date	· · · · · · · · · · · · · · · · · · ·	

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE **BUSINESS LICENSE APPLICATION OF:** ENTITY NUMBER ALL STAR TRANSPORTATION LLC E0296842015-7 NAME OF LIMITED-LIABILITY COMPANY FOR THE FILING PERIOD OF JUN, 2015 TO JUN, 2016 USE BLACK INK ONLY - DO NOT HIGHLIGHT **YOU MAY FILE THIS FORM ONLINE AT www.rivsliverflume.gov** Return one file stamped copy. (If filing not accompanied by order instructions, Filed in the office of Document Number file stamped copy will be sent to registered agent.) Below Klywel 20150272497-79 IMPORTANT: Read instructions before completing and returning this form Filing Date and Time Barbara K. Cegavske 1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. FORM WILL BE RETURNED IF UNSIGNED. 06/16/2015 2:37 PM Secretary of State Entity Number State of Nevada E0296842015-7 2. If there are additional managers or managing members, attach a fist of them to this form. ***** (**# OOCHTEIN Was нео месколисану.) 3. Return completed form with the fee of \$125,00. A \$75 00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed ABOVE SPACE IS FOR OFFICE USE ONLY an amended fist for the previous year. 4. State business fromse fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline 5. Make your check payable to the Secretary of State. 6. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30,00 per continuation. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or contined copies. Appropriate instructions must accompany your order. 7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708. 8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual fist and business ficense fees will result in rejection of fifing. ANNUAL LIST FILING FEE, \$125.00 LATE PENALTY, \$75.00 (# fifing late) BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if fifing late) CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW NRS 76.020 Exemption Codes 001 - Governmental Entity Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: 005 - Motion Picture Company 006 - NRS 680B 020 Insurance Co. NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees. MANAGER OR MANAGING MEMBER ELIZABETH RODRIGUEZ CITY STATE ZIP CODE 4505 E DESERT INN RD UNIT 51, USA LAS VEGAS 89121 MANAGER OR MANAGING MEMBER NAME.... MANAGER OR MANAGING MEMBER CUTY ADDRESS MANAGER OR MANAGING MEMBER None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct. I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. X ELIZABETH RODRIGUEZ MANAGING MEMBER 6/16/2015 2:37:06 PM

ALL STAR TRANSPORTATION LLC

Business Entity Information					
Statu	s: Active	File Date:		6/16/2015	
Тур	e: Company	Entity Number:		E0296842015-7	
Qualifying Stat	e: NV	List of Officers	Due:	6/30/2016	
Managed B	y: Managing Members	Expiration	Date:		
NV Business I	D: NV20151374118	Business License Exp:		6/30/2016	
Additional Information					
	Central Index Key:				
Registered Agen	t Information				
Nam	e: ELIZABETH RODRIGUEZ	Addre	ess 1:	4505 E DESERT INN RD UNIT 51	
Address	2:		City:	LAS VEGAS	
Stat	e: NV	Zip (Code:	89121	
Phon	e:		Fax:		
Mailing Address	1: 4505 E DESERT INN RD UNIT 51	Mailing Addre	ess 2:		
Mailing Cit	y: LAS VEGAS	Mailing S	State:	NV	
Mailing Zip Cod	e: 89121				
Agent Typ	e: Noncommercial Registered Agent	t			
Financial Informa	ation				
No Par Share Coun	t: 0	Capital Am	ount:	\$ 0	
No stock records for	und for this company				
Officers		-		☐ Include Inactive Officers	
	IZABETH RODRIGUEZ				
	05 E DESERT INN RD UNIT 51	Address 2:			
	S VEGAS	State:	NV		
Zip Code: 89°	121	Country:	USA		
Status: Ac	tive	Email:	<u> </u>		
Actions\An	nendments				
Action Type	e: Articles of Organization				
Document Numbe	r: 20150272492-24	# of Pa	ages:	1	
File Date	e: 6/16/2015	Effective	Date:		
(No notes for this action)					
Action Typ	e: Initial List				