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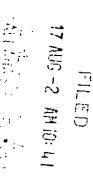
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Codificat Codica
Certified Copies Certificates of Status
Special Instructions to Filing Officer: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



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T. BURCH AUG 3 2017

COVER LETTER

Division of C			
SUBJECT: Pro	Transport	er LLC ulting Florida Limited Con	
	(Name of Res	ulting Florida Limited Con	npany)
		_	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Jonathan B	brian Bollinge		
5 –	(Contact Person)		
Pro Iransp	(Firm/Company)		
1899 Reserve	(Contact Person) Orter UC (Firm/Company) E BIVE Ap (Address)	† 160	
	(Address)		
Gulf Breez	City. State and Zip Code) Chnny (2) g mu e used for future annual re	2563	
Crossfire Jo	June (B) a me	il. com	
E-mail Address: (to b	e used for future annual re-	port notifications)	
	on concerning this ma		
Jorathan Bo	llinger	au 602 165	time Telephone Number)
(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)
	_	•	sed by this office must be payable in US
dollars and drawn on	a bank located in the	United States)	
☐ \$150.00 Filing Fees	□\$155.00 Filing Fees	□\$180.00 Filing Fees	\$185.00 Filing Fees,
(\$25 for Conversion & \$125 for Articles	and Certificate of Status	and Certified Copy	Certified Copy, and Certificate of Status
of Organization)			
STREET ADDRESS	S:	MAILING A	ADDRESS:

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

TO: New Filing Section

MAILING ADDRESS:

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

Articles of Conversion

For

"Other Business Entity"

Into

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 than 90 calendar days after the date this document is filed by the Florida Department of State.)

<u>Note:</u> 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.

- 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 $\frac{28}{2}$ day of $\frac{5u/y}{}$	20_17
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	
Signature of Authorized Representative:	Title: Owner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Signature:	Title: Owner
Signature:	
Signature:Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Fillited (value,	
Signature:	
Signature:Printed Name:	Title:
Namedian	
Signature:Printed Name:	Tiste
Printed Name:	Title.
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
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.	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$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 Company is:
Pro Transporter L.L.C.
(Must contain 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
Principal Office Address: Mailing Address:

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

1899 Reserve Blud Apt 160 1899 Reserve Blud Apt 160 Gulf Breeze FL 32563

(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:

Jonathan Brian Bollinger

Name

1899 Reserve Blud Apt 160

Florida street address (P.O. Box NOT acceptable)

Gulf Breeze FL 32563

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)

Name and Address:			
7			
~			

Jonathan Brian Bollinger
Typed or printed name of signee

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)

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.