# L20000240457

(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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### **COVER LETTER**

Division of Corporations			
SUBJECT: Aley & F Transport LLC (Name of Resulting Florida Limit	ed Company)		
The enclosed Articles of Conversion, Articles of Organization Business Entity" into a "Florida Limited Liability Company			
Please return all correspondence concerning this matter to:			
Daniel FAICY (Contact Person)			
(Firm/Company)			
3524 Grande Meserve. Way Apt 304 (Address)			
Orlando, Fl 32837 (City, State and Zip Code)  Dfal cy22@Gmail. (om			
Dfalcy22@Gmail. (om E-mail Address: (to be used for future annual report notifications)			
For further information concerning this matter, please call:			
Daniel F Alcy at (407 (Name of Contact Person) (Area Code)	(Daving 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)			
\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\			
Mailing Address: New Filing Section	Street Address: New Filing Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

TO: New Filing Section

# 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:
Alcy & F Transport LLC
Alcy & F Trans pay + LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Missour:  (Enter state, or if a non-U.S. entity, the name of the country)
on June 12,7019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Alcy & F Transport LLC
Alcy & F Transport LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 9-1-2020  (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.)  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.
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.

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	l	-	Name:
	_	_	

The name of the Limited Liability Company is:

Alcy & FTransport LLC

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

#### ARTICLE II - Address:

Principal Office Address:

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

Timeliai Office Address.	Manual Cost
3524 Grande Neserve Way	3524 Grande Reserve Way
Apt 304	A P+ 304
Orlando, FL 32837	Orlando, FL 32837

## 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:

Farrah Fontaine		20	·
Name			<u>:</u> : `
3524 Grande Reserve u	iay	30	ا الرائد الرائد
Florida street address (P.O. Box No.		De di	-Z 27. €
Orlando FL	32837	7:	S I
City	Zip	<u> </u>	7

Mailing Address:

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)

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

"	
"AMBR" = Authorized Member "MGR" = Manager	
MGK - Manager	Daniel F Alcy
	Daniel F Alcy 3524 Grande Meserve Way Apt 304
	Orlando F1 32837
ΔΜαα	۲., ۱
AMBR	[ QYPAM FONTAINE
	Furnah Fontaine 3524 Grande Reserve way Apt 304 Orlando (Fl 3283)
	OTTANOD IFT 3-034
(Use attachment if necessary)	
•	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	Rly
required signature:	an authorized representative of a member
Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ament to the Department of State constitutes a third degree felony
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605,0203 (1) (b), Florida Statutes. I am aware that
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Signed this 24 day of July	_ 20_20		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative:	rile: CEO		
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)		
Signature: Farch Fortone	1/4		
Printed Name: Farrah Fortune	Title: VP		
Signature:Printed Name:	Title:		
Signature: Printed Name:	_ Title:		
Signature:Printed Name:			
Signature:Printed Name:			
Signature: Printed 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 ALL 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)		

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