L21000239731

(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



500366815705

221 HAY 21 AH 9: 37 SECK 17 1 17 STATE 7/L1 17 1 18 E, FL

2021 MAY 21 PH 12: 13

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

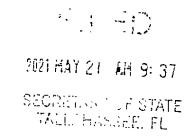
1. 161

DATE 5/21/2021	•	**WALK IN**
ENTITY NAME BST TR	UCK, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	4 g077
	Plain Copy	*WALK IN
XXXX	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	8487. J.E. 127
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	70N	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$180.00	ACCOUNT #: I2016000	
Please call Tina at ti	he above number for any issues or concerns. Thank y	

COVER LETTER

Division of C	orporations			
SUBJECT: BST TRU	JCK, LLC			
30003EC. 1.	(Mante of Res	ading Florida Limit	ed Con	upany i
The enclosed Article: Business Entity" into	s of Conversion. Artic a "Florida Limited Li	les of Organizati ability Company	on, an '' in a	id fees are submitted to convert an "Other ecordance with s. 605,1045, F.S
Please return all corre	espondence concernin	g this matter to.		
Michael H Johnson				
	(Contact Person)		-	·
Baker Donelson Bearn	nan Caldwell & Berkowil	z PC		
	(Firm/Company)		•	
420 20th Street No., S	le. 1400			
· _ .	(Address)		-	
Birmingham, AL 3520	3			
	Sty, State and Zip Code)		-	
mhjohnson@bakerdor	•			
·	e used for future annual re	port notifications)	•	
For further informati	on concerning this ma	iter, please call		
Laurel Swope		_ut (<u>205</u>	250-	8383
(Name of Conta	et Person)	(Area Code)	(Day	ytime 't elephone Number)
	or the following amor a bank located in the		roces:	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155,00 Filing Fees and Certificate of Status	图\$180 00 Filing and Centified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing S				Filing Section
Division of Corporations				ion of Corporations
P.O. Box 6327 Tallahassee, FL 32314				Centre of Tallahassee N. Monroe Street, Suite 810
ramanassee, i	L 9-214			hassee, FL 32303

TO: New Filing Section



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.

 The name of the BST Truck, LLC 	e "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The "Other But	siness Entity" is a
(Enter	entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, fo	rmed or incorporated under the laws ofCalifornia
	(Enter state, or if a non-U.S. entity, the name of the country)
01/06/20	21
	ion, formation or incorporation)
	e Florida Limited Liability Company as set forth in the attached Articles of Organization: BST Truck, LLC
	(Enter Name of Florida Limited Liability Company)
	(Chief reade of Frences Landed Entolity Company)
4. If not effective	on the date of filing, enter the effective date:
the date this docu	e: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after iment is filed by the Florida Department of State.)
Note: If the date inse document's effective of	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fate on the Department of State's records.
5. The plan of con	version has been approved in accordance with all applicable statutes
6. The "Converted which such men	or Other Business Entity" has agreed to pay any members having appraisal rights the amount to abers are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of May	20.71			
Signature of Authorized Representative of Lim	ited Libility Company:			
Signature of Authorized Representative: Printed Name: Daniel Swanepoel	Title: Sole Member			
Signature(s) on behalf of Other Business Entity	See below for required signature(s)}			
Signature:				
Printed Name: Darrel Swanspool	Title: Sole Member			
Signature:Printed Name:	Title			
	· · · · · · · · · · · · · · · · · · ·			
Signature: Printed Name:	Title			
Signature:Printed Name:	777.4			
rinied Name.	ritte:			
Signature:				
Printed Name:	Title:			
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)			

2021 HAY 21 AM 5: 37

Natalie Leiba-Paul - Assistant Secretary

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company	19.	
BST Ta	uck, LLC	
(Must contain the words "Limited Link		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is.	
Principal Office Address:	Mailing Address:	
Daszkal Bolton	Daszkal Bolton .	
2401 NW Boca Raton Blvd B	2401 NW Boca Raton Blvd B	
Boca Raton, FL 33431	Boca Raton, FL 33431	
The name and the Florida street address of the NRAI Services, Inc.	e registered agent are	
Na	ime i i	
1200 South Pine Island Road		
Florida street address (P.O. Box NOT acceptable)		
Plantation	FL 33324	
City	Zip 끄王	
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	I to accept service of process for the above stated limited at this certificate. I hereby accept the appointment as active. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S.	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-

Company: