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COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: D. A. LEVY TRANSPORT	LLC
(Name of Resulting Florida L	imited Company)
The enclosed Articles of Conversion, Articles of Organi Business Entity,, into a "Florida Limited Liability Comp	
Please return all correspondence concerning this matter	o:
Contact Person)	+
(Firm/Company)	
4958 Island Club Drive (Address)	
Tamarac FL 33319 (City, State and Zip Code)	
E-mail Address: (to be used for fundre annual report notification	s)
For further information concerning this matter, please ca	11:
(Name of Contact Person) at (347) (Area Co) 257-87/7 ode) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All check dollars and drawn on a bank located in the United States	
\$\Bigcup \\$150.00 \text{ Filing Fees} \Bigcup \\$155.00 \text{ Filing Fees} \text{and Certificate of} \text{and Certified} \\ \text{\$\$125 \text{ for Articles}} \text{Organization} \end{article}	
Mailing Address: New Filing Section	Street Address: New Filing Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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:
D.A. Cery Transport LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity,, is a 11 C.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Massachusetts (Enter state, or if a non-U.S. entity, the name of the country)
on July 30, 2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of 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

5. The plan of conversion has been approved in accordance with all applicable statutes.

the date this document is filed by the Florida Department of State.)

document's effective date on the Department of State's records.

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.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 25 day of September	_20 <u>2\</u>	
Signature of Authorized Representative of Limi	ted Liability Company	· <u>•</u>
Signature of Authorized Representative: Printed Name: Dawayor Forthory Cry		
Signature(s) on behalf of Other Business Entity:	See below for required	signature(s)}
Signature: Dearroupe Fortham Ceve	Title:	1MG2
Signature:Printed Name:	Tiela.	
Printed Name:	i itie:	
Signature:	rn' 1	
Printed Name:	litle:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
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

ARTICLE I - Name:

The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company. "L.L.C.,, or "LI.C.,)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
4958 ISland Club Drive 4958 Island Club Drive TAMARAC, FC TAMARAC FC 33319
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:
Durayne A Cerry Name
Florida street address (P.O. Box NOT acceptable)
Tamarac FL 33319 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)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
M(+R	DUILTHOP CENY
	USS I Sland Club Druc
	Tamarac, FL 33319
NND O	
HMBR	Koera Reid
	4958 Island Club Drive
	Tamarac FC 33319
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware that
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document in a doc	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware that
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony
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