P110000044105

| (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: | | | | | |
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Office Use Only



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SECRETARY OF STATE
BIVISION OF CORPORATIONS

THAN - L PH 5: 00

am 5/9/11

The Best Express

P.O. Box 692287 • Orlando, FL 32869-2287 Tel: 407-248-1148 • Fax: 407-363-2788 www.TheBestExpress.com

Florida Department of State Division of Corporations Tallahassee, Florida

Re: Dissolution of the LLC filed for The Best Express

I have no intention of revoking the voluntary dissolution of the LLC I filed for The Best Express.

Please direct any additional questions to my attention at the address below.

Thank you.

Patricia Best

Owner, The Best Express

10865 William and Mary Court

Orlando, Florida 32821

407-248-1148

SECRETARY OF STATE ... SICRETARY OF STATE ... SIVISION OF CORPORATION.

COVER LETTER

| TO: | Registration | | | | | | | |
|--|------------------|---|---|---|---|--|--|--|
| • | Division of C | corporations | | | | | | |
| SUBJECT: Best Express Inc | | | | | | | | |
| Name of Resulting Florida Profit Corporation | | | | | | | | |
| The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an Lieuwither Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S. | | | | | | | | |
| Please | return all corr | espondence concernin | g this matter to: | | | | | |
| | | | | | | | | |
| Patri | cia Best | | | | | | | |
| | | Contact Person | | | | | | |
| The | Best Expres | ss. Inc | | | | | | |
| Firm/Company | | | | | | | | |
| | | | | | • | | | |
| 10865 | William and | | | | | | | |
| | | Address | | | | | | |
| Orlan | do, FL 32821 | 1 | | | | | | |
| Ondin | | City, State and Zip Code | <u></u> | | | | | |
| | | • | | | • | | | |
| Pat@ | TheBestEx | oress.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | |
| Pat B | est . | | _at (_407) 24 | 8-1148 | | | | |
| | Name of Con | tact Person | _~``\ <u></u> | time Telephone Number | - | | | |
| Enclosed is a check for the following amount: | | | | | | | | |
| \$10 5 | 5.00 Filing Fees | □\$113.75 Filing Fees and Certificate of Status | □\$113.75 Filing Fees and Certified Copy | \$122.50 Filing Fees, Certified Copy, and Certificate of Status | | | | |
| STREET ADDRESS: MAILING ADDRESS: | | | | | | | | |
| Registration Section | | | Registration Section | | | | | |
| Division of Corporations | | | Division of Corporations | | | | | |
| Clifton Building 2661 Executive Center Circle | | | P. O. Box 6327 Tallahassee, FL 32314 | | | | | |
| | assee, FL 3230 | | i ananassee, | гь 32314 | | | | |

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE II | PRINCIPAL OFFICE Principal <u>street</u> address iam and Mary Court | st Express, Inc. Mailing address, if | different is: |
|---------------------------|---|--|---|
| Cou | ch the corporation is organized is: | eight Bus | iness |
| The number of share | | RECTORS | |
| Name and Titl Address: | | Name and Title:Address: | |
| Name and Titl Address: | e: | Name and Title:Address: | |
| Name and Titl Address: | e: | | SEC |
| | REGISTERED AGENT Ida street address (P.O. Box NOT acc TATRICIA MOORE / 10865 William and Mary Court Orlando, FL 32821 | eptable) of the registered agent is: | HAY -4 PM 5 |
| | INCORPORATOR ess of the Incorporator is: Patricia Moore Best 10865 William and Mary Court Orlando, FL 32821 | · · · · · · · · · · · · · · · · · · · | 100 m |
| this certificate, I am | l as registered agent to accept service | of process for the above stated corporation a ment as registered agent and agree to act in this | t the place designated in s capacity |
| I submit this docum | nent and affirm that the facts stated h | perein are true. I am aware that any false inf egree felony as provided for in s.817.155, F.S. | formation submitted in a |