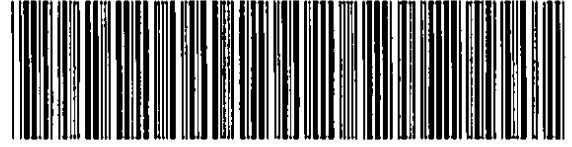


P19000 042 509



800326412378

03:15:18--01022--00? **105.00

(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

MASSACHUSETTS

19 APR 18 PM 1:35

D O'KEEFE
MAY 23 2019

W19-31909



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2019

ETEM OKSAYOGLU
451 S ANDREWS AVENUE
POMPANO BEACH, FL 33069

SUBJECT: TRANSRENT LOGISTICS
Ref. Number: W19000031909

We have received your document for TRANSRENT LOGISTICS and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section ' Required Signature(s) on behalf of Other Business Entity ' in the Articles of Conversion.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 519A00006256

RECEIVED
DIVISION OF CORPORATIONS
FLORIDA

19 APR 18 PM 1:35

FILED

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: TRANSRENT LOGISTICS CORP
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

ETEM OKSAYOGLU
Contact Person

TRANSRENT LOGISTICS CORP
Firm/Company

451 S ANDREWS AVENUE
Address

POMPANO BEACH, FL 33069
City, State and Zip Code

ETEMOKSAY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ETEM OKSAYOGLU at (305) 725-5552
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 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:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
TRANSRENT LOGISTICS LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on MARCH 4, 2019

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:
TRANSRENT LOGISTICS CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to nor more than 90 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.

19 APR 18 PM 1:35
ALTA ASSOCIATES, P.A.

Signed this 12th day of March, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]
Printed Name: Etem Oksayoglu Title: President/Owner

Required Signature(s) on behalf of Other Business Entity? [See below for required signature(s).]

Signature: [Signature]

Printed Name: ETEM OKSAYOGLU Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

- Certificate of Conversion: \$35.00
- Fees for Florida Articles of Incorporation: \$70.00
- Certified Copy: \$8.75 (Optional)
- Certificate of Status: \$8.75 (Optional)

FILED
19 APR 19 PM 1:35
MARIANNA

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

ARTICLE I NAME

The name of the corporation shall be: TRANSPARENT LOGISTICS COLL.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

451 S ANDREWS AVENUE

POMPANO BEACH FL, 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPEN A NEW BUSSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ETEM OKSAYOGLU - - O

Name and Title: _____

Address: 451 S ANDREWS AVENUE

Address: _____

POMPANO BEACH FL, 33069

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

19 APR 18 PM 1:35
MASSACHUSETTS

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

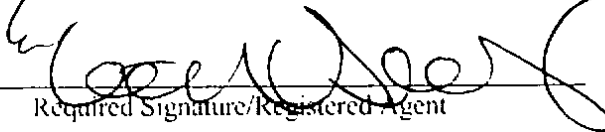
Name: ETEM OKSAYOGLU
Address: 451 S ANDREWS AVENUE
POMPANO BEACH FL. 33069

ARTICLE VII INCORPORATOR

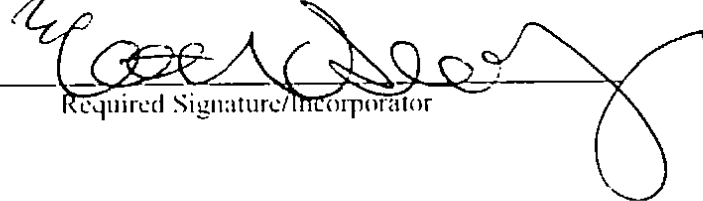
The name and address of the Incorporator is:

Name: ETEM OKSAYOGLU
Address: 451 S ANDREWS AVENUE
POMPANO BEACH FL. 33069

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 3/13/2019
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. 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.

 3/13/2019
Required Signature/Incorporator Date

FILED
19 APR 18 PM 1:35
TALLAHASSEE, FLORIDA