P2100088667

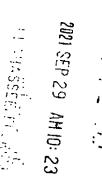
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W21000124600 Signature

Office Use Only



300372472173

09/07/21--01029--014 **113.75





September 14, 2021

KARO SARKISIAN 16425 COLLINS AVE, 2218 SUNNY ISLES BEACH, FL 33160

SUBJECT: W EXPRESS TRANS INC

Ref. Number: W21000124600

We have received your document for W EXPRESS TRANS INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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 Letter Number: 421A00022203 AM 10: 23 (850) 245-6052.

James G Harris Regulatory Specialist II

COVER LETTER

TO:	New Filing Section					
	Division of Corporations					
SUBJ	ECT: W Express Trans Inc					
	Name o	f Resulting Flo	orida Profit	Corporation		
	nclosed Articles of Conversion, Articles into a "Florida Profit Corporation" in ac				e followin	ıg eligible
Please	return all correspondence concerning th	as matter to:				
karo	Sarkisian					
	Contact Person					
W Ex	press Trans Inc					
_	Firm/Company					
1642	5 Collins ave, 2218					
	Address					
Sunn	y Isles Beach , FL 33160					
	City, State and Zip Coo	de				
	a.wolf7@gmail.com					
I	E-mail address: (to be used for future and	nual report not	ification)			
For fu	rther information concerning this matter	, please call:				
Elisha	a Wolf	at (<u>747</u>	_\ 2576	562		
	Name of Contact Person	(a Code and	Daytime Telephone Numb	er	
Enclos	sed is a check for the following amount:					
□ \$10	05.00 Filing Fees and Certificate of Status	s □\$113.75 I and Certifie	-	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Address: New Filing Section Division of Corporations		New F	Address: Filing Section on of Corporations		
	P.O. Box 6327			entre of Tallahassee	-	202

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
W Express Trans Inc
Enter Name of the Converting Entity
2. The converting entity is a inc
(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 OK
(Enter state, or if a non-U.S. entity, the name of the country)
on = 1/11/21
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> W Express Trans Inc
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
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 Florid 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.

Signed this 30 day of August	. 2021	
Required Signature for Florida Profit Corporation:		
Signature of Director, Officer, or, if Directors or Officer	rs have not been selected, an Incorporator:	
	O1	
Printed Name: Karo Sarkisian Title: owner		
Required Signature(s) on behalf of Converting Florid companies: [See below for required signature(s).]	da partnerships, limited partnerships, and limited liabi	ility
Printed Name: KARO SARKISIAN		
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 I Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability I Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.	2021 35	

\$35.00

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Fees:

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Incorporation:

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of	the corporation shall be: W Express Tran	s inc	
ARTICLE The principa	II PRINCIPAL OFFICE I place of business/mailing address is:		
16425 Col	Principal street address lins ave , 2218	Mailing address, if differ the same	ent is:
	es Beach, FL 33160		
	III PURPOSE for which the corporation is organized is: tion		
	IV SHARES of stock is:		
ARTICLE	V OFFICERS AND/OR DIRECTOR	<u>s</u>	
Name and T	itle:	Name and Title:	
Address:	16425 Collins Ave, 2218	Address:	<u>^</u>
	Sunny Isles Beach, FL 33160		121 3
Name and T	itle:	Name and Title:	- 10 P
Address:);;; 9
Name and T	itle:	Name and Title:	. N
Address:		Address:	
		<u> </u>	

ARTICL The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT accepte	ble) of the registered agent is:	
Name:	De Caria Inc		
Address:	16400 Collins ave , 942		
	Sunny Isles Beach , FL 33160		
******	*********	*********	
	een named as registered agent to accept service of pi icate, I am familiar with and accept the appointment	ocess for the above stated corporation at the place designate as registered agent and agree to act in this capacity	d in
	Eff-r	08/30/2021	
	Required Signature/Registered Agent	Date	