

L15000094944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

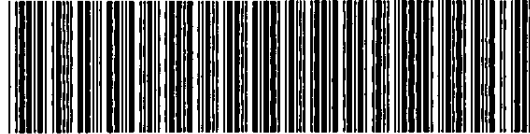
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/18/15--01024--017 **150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

JUN - 2 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAY 28 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 19, 2015

ANGELA CHICOLA
8777 SAN JOSE BLVD
BLDG A #200
JACKSONVILLE, FL 32217

SUBJECT: SIMA SHIPPING, LLC
Ref. Number: W15000035421

We have received your document for SIMA SHIPPING, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6051.

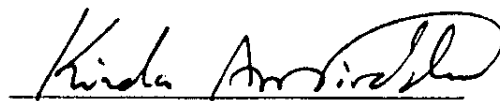
Terri J Schroeder
Regulatory Specialist II

Letter Number: 915A00010507

CONSENT

The undersigned, **KINDA AMIRDASH**, a Member of Sima Shipping, LLC, Document Number 15000054843, formed 3-27-15 and dissolved on 4-1-15 with the Florida Department of State, Division of Corporations, hereby consents to the use of the name **Sima Shipping, LLC** and further affirms that there is no intention to revoke the inactive status of the Florida limited liability corporation referred to above.

DATED June 1, 2015.

A handwritten signature in black ink, appearing to read 'Kinda Amirdash', is written over a horizontal line.

KINDA AMIRDASH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sima Shipping, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Angela Chicola
(Contact Person)
Crabtree Law Group, P.A.
(Firm/Company)
8777 San Jose Blvd., Bldg. A, Suite 200
(Address)
Jacksonville, FL 32217
(City, State and Zip Code)
ajc@crabtreefirm.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Angela Chicola at (904) 732-9701
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input checked="" type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** 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:
Sima Shipping, Inc. PIS-29823
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Florida for profit corporation
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida
on March 31, 2015
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Sima Shipping, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.**
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.

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Signed this 14th day of May 20 15.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Ralph R. Crabtree Title: Registered Agent

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

Signature: [Signature]
Printed Name: Cary J. Simon Title: President/Director

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

SECRETARY OF STATE
CORPORATE SERVICES DIVISION
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sima Shipping, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8298 Bayberry Road, Suite 3
Jacksonville, FL 32256

Mailing Address:

8298 Bayberry Road, Suite 3
Jacksonville, FL 32256

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:

Ralph R. Crabtree

Name

8777 San Jose Boulevard, Bldg. A, Suite 200

Florida street address (P.O. Box **NOT** acceptable)

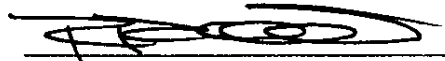
Jacksonville

FL 32217

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)

Page 1 of 2

SECRETARY OF STATE
JANUARY 1, 2015

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Cary J. Simon
8298 Bayberry Road, Suite 3
Jacksonville, FL 32256

AMBR

Nedret Simon
8298 Bayberry Road, Suite 3
Jacksonville, FL 32256

AMBR

Kinda Amirdash
8298 Bayberry Road, Suite 3
Jacksonville, FL 32256

AMBR

Firas Masri
8298 Bayberry Road, Suite 3
Jacksonville, FL 32256

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

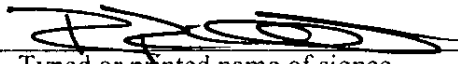
ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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.)

Ralph R. Crabtree


Typed or printed name of signee

Filing Fees

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

AMBR

Jason Sain
8298 Bayberry Road, Suite
Jacksonville, FL 32256

AMBR

Max Sain
8298 Bayberry Road, Suite
Jacksonville, FL 32256

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2016 JUN -1 P 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA