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♥ (Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07 HAR 15 PM 1: 31

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: 3 TOUCS, Frc (Name of Resulting Florida Limited Company)	
The enclosed Certificate 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. 608.439, F.S.	
Please return all correspondence concerning this matter to:	
Mario Garcia (Contact Person)	
(Firm/Company) COTYO EVANS Street (Address) TONY (City, State and Zip Code) For further information concerning this matter, please call:	CIVISION OF CORPORALIONS
For further information concerning this matter, please call: (Name of Contact Person) The second contact Person at (954) 981 - (0185) (Area Code and Daytime Telephone Number)	RATIONS
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	
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	

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

(Enter Name of Other Business Entity)	•	•
2. The "Other Business Entity" is a	,	
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 Co, Co, (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:	07 MAR 15 PM 1:31	SECRETARY OF STATE DIVISION OF CORPORATIONS
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	-	4*

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to 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.)	ি গৈছিল কুনিহুৰ
Signed this Coth day of March 20 07	jjoge aben sje v
Signature of Authorized Person:	
Printed Name: Swadalupe GarciaTitle: VP.D	क्षा क <u>क्ष</u> म् <u>१५ ५</u>

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy: Certificate of Status:

\$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	Limited Liability Company is:
EC	D Trucks, LLC
(Must end with the word "L.C.,")	ds "Limited Liability Company, "Limited Company" or their abbreviation "LLC,"

Principal Office Address:

Mailing Address:

COTYO EVANS Street COTYO EVANS St
HOllywood, FL 33024 Hollywood, FL 33024

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.)

Liability Company is:

The name and the Florida street address of the registered agent are:

Morio A. Garcia

Name

Name

Street

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

Hollywood, FL 33024 City, State, and 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 608,

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Guadalupe Garcia Garcia Evans St Flottywood, Fl 330
	
·	
	(Use attachment if necessary)
ICLE V: Effective date, if other than the IONAL) effective date is listed, the date must be ess days prior to or 90 days after the date	be specific and cannot be more than fiver
DECLUDED GLOMATIUM.	31 ONS
REQUIRED SIGNATURE:	Deio
	horized representative of a member.

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)