# 110000097985

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATES DIVISION OF CORPORATIONS

T. HAMPTON
SEP 2 0 2010
EXAMINER

# **COVER LETTER**

TO: Registration Section

Division of Corpo	orations			
SUBJECT: L P BEST EX	PRESS LLC			
JOBSECT.	(Name of Resulting	Florida Limited Co	mpany)	
The enclosed Certificate convert an "Other Busine accordance with s. 608.43	ess Entity" into a "l			
Please return all correspond	ondence concerning	this matter to:		
VAN	NESSA TORRES			
(C	Contact Person)		-	
ALL AMERIC	AN PERMITS CORP			
(F	irm/Company)		-	
15590 S	W 182ND LANE			
	(Address)		•	
MI	AMI FL 33187			
(City,	State and Zip Code)		-	
PERMITS	S2009@LIVE.COM			
E-mail Address: (to be use	d for future annual rep	ort notifications)		
For further information co	oncerning this matt	ter, please call:		
VANESSA TORR	ES	at (305	) 323-86	684
(Name of Contact Pe	rson)	(Area Code	and Day	time Telephone Number)
Enclosed is a check for th	ne following amour	nt:		
	5155.00 Filing Fees Certificate of tus	□\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILI	NG A	DDRESS:
Registration Section		Registra		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Bo		
2661 Executive Center Ci Tallahassee, FL 32301	ircle	Tallahas	ssee, F	L 32314

## **Certificate of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is:  L P BEST EXPRESS CORP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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
(Enter state, or if a non-U.S. entity, the name of the country)
on 05/1 <b>0</b> /2010
(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 Limited Liability Company as set forth in the attached Articles of Organization:
L P BEST EXPRESS LLC
(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.)

Signed this 8 day of SEPTEMBER	20_10
Signature of Member or Authorized Representat	ive of Limited Liability Company:
Signature of Member or Authorized Representative: Printed Name: MARLENY CERVANTES	Title MGRM
Signature(s) on behalf of Other Business Entity: [S	
Signature: My	
Printed Name: MARLENY CERVANTES	Title: MGRM
Simustana	
Signature: Printed Name: LISIYDO PEREZ	Title: MGR
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or O	
If Directors or Officers have not been selected, an Inco	rporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

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

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### L P BEST EXPRESS LLC

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

#### **ARTICLE II - Address:**

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

#### **Principal Office Address:**

**Mailing Address:** 

5976 SW 3RD STREET MIAMI FL 33144 5976 SW 3RD STREET
MIAMI FL 33144

# 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:

	MARLENY CERVANTES
	Name
597	76 SW 3RD STREET
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
MIAMI	FL 33144
	01. 0 177

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

10 SEP 17 AM IO: 82

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM MGRM	MARLENY CERVANTES
	5976 SW 3RD STREET MIAMI FL 33144
MGR	LISILDO PEREZ
	5976 SW 3RD STREET MIAMI FL 33144
	(Use attachment if necessary)
TICLE V: Effective date, if other tha	in the date of filing:
•	(OPTIONAL)
ument is filed by the Florida Depar	r to nor more than 90 days after the date this rtment of State; <u>AND</u> 2) must be the same as ed Certificate of Conversion, if an effective
<u>required</u> signature:	
Signature of a member or a	n authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARLENY CERVANTES

Typed or printed name of signce

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)

Page 2 of 2

10 SEP 17 AM 10: 92