# L12000060428

(Re	questor's Name)	
(Ad	dress)	
<b>V</b>	,	
(Ad	dress)	•
(Cit	y/State/Zip/Phone	e #)
,	,	•
PICK-UP	WAIT	MAIL
(5)	·	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	e of Status
Certified Copies	_ Certificates	o Clatus
Special Instructions to	Filing Officer:	
,	-	
,		
٧		

Office Use Only



400231691764

05/02/12--01003--014 \*\*155.00

12 MAY -2 AM 10: 25:

SECRETARY OF STATE DIVISION OF CORPORATIONS:

MAY = 4 2012 T. HAMPTON

#### **COVER LETTER**

TO: Registration Division o	on Section f Corporations		
SUBJECT: FM	IC Trucking LLC		
	(Name o	of Resulting Florida Lim	ited Company)
			tion, and fees are submitted to convert an mpany" in accordance with s. 608.439, F.S
Please return all co	orrespondence concerr	ning this matter to:	
Fabiano M. Car	riero		
	(Contact Person)		
FMC Trucking L	LC		
	(Firm/Company)		
2564 Robert Tre	end Jones Dr. # 1310	3	
	(Address)		
Orlando, FL 3	32835		
	(City, State and Zip Cod	e)	
fabianomc1@h	otmail.com		
E-mail address: (to be	used for future annual rep	ort notifications)	
For further inform	ation concerning this r	matter, please call:	
Fabiano M. Carri	iero	at (_407)	276-2596
(Name of Co	ontact Person)	(Area Code a	nd Daytime Telephone Number)
Enclosed is a chec	k for the following am	nount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status CK# 1066	\$180.00 Filing Fee and Certified Copy	
STREET ADDRI			NG ADDRESS:
Registration Section		_	tion Section
Division of Corpo Clifton Building	rations	Division P. O. Bo	of Corporations x 6327
2661 Executive Co	enter Circle		see, FL 32314
Tallahassee, FL 3	2301		

#### **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:  FMC Trucking COCP	12	PINIE
(Enter Name of Other Business Entity)	12 HAY -	SION OF
2. The "Other Business Entity" is a Corporation	-2	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	AH 10: 25	CORPORATIONS
first organized, formed or incorporated under the laws of Florida	25	92
(Enter state, or if a non-U.S. entity, the name of the country)		c)
on March 1, 2011  (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 I which it is now organized, formed or incorporated:	aws c	of
<u>N/A</u> .		
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:		
FMC Trucking, 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 filed by the Florida Department of State; AND 2) must be the same as the effective date listed attached Articles of Organization, if an effective date is listed therein.)		the
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion		ion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under w	hich i	t is

currently organized, formed or incorporated.

Signature of Member or Authorized Representative of Limited Liability Company: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.  Signature of Member or Authorized Representative:  Printed Name: Farm or Concerned  Title:  Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, E.S. See below for required signature(s).]  Signature:  Printed Name: Title:
Signature of Member or Authorized Representative of Limited Liability Company: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.  Signature of Member or Authorized Representative:  Printed Name: France of Corection  Title:  Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155 (F.S. 1866 below for required signature(s).]  Signature:  Printed Name: Title:
Signature of Member or Authorized Representative of Limited Liability Company: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.  Signature of Member or Authorized Representative:  Printed Name: France of Corection  Title:  Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155 (F.S. 1500 below for required signature(s).)  Signature:  Printed Name: Title:
Signature of Member or Authorized Representative of Limited Liability Company: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.  Signature of Member or Authorized Representative:  Printed Name: France of Corection  Title:  Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155 (F.S. 1500 below for required signature(s).)  Signature:  Printed Name: Title:
Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.  Signature of Member or Authorized Representative:  Printed Name: France or Correction  Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, E.S. [See below for required signature(s).]  Signature:  Printed Name: Title:
Signature of Member or Authorized Representative:  Printed Name: France of Correction  Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155. E.S. See below for required signature(s).]  Signature:  Printed Name: Title:
Signature of Member or Authorized Representative:  Printed Name: Fibrary of Carrento Title.  Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155. Let See below for required signature(s).]  Signature:  Printed Name: Title:
Signature of Member or Authorized Representative:  Printed Name: Title P.  Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155. E.s. [see below for required signature(s).]  Signature:  Printed Name: Title:
Printed Name: France M Correction Title: P.  Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155 F.S. [See below for required signature(s).]  Signature: Printed Name: Title: Title: Title: Signature: Printed Name: Title: Signature: Sig
Signature:
this document are true. Any false information constitutes a third degree felony as provided for in s.817.155. L.S. [See below for required signature(s).]  Signature:
s.817.155
Signature: Printed Name: TIAGO MORELLI, SR Title: V. P.  Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: T
Signature:
Signature:
Signature:
Signature: Printed Name:  Signature: Printed Name:  Title:  Signature: Printed Name:  Title:
Signature: Printed Name:  Signature: Printed Name:  Title:  Signature: Printed Name:  Title:
Signature: Printed Name:  Signature: Printed Name:  Title:  Signature: Printed Name:  Title:
Printed Name: Title:  Signature: Title:  Signature: Title:
Signature: Printed Name: Signature: Title: Title:
Signature: Title: Title:
Signature: Title: Title:
Signature: Title: Title:
Signature:
MPRAIDE.
Printed Name: Title:
Timed rune.
If Florida Corporation:
Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.
TARRELL CO. I.B. A. I.A. I.A. I.A. I.A. I.A. I.A.
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 Partnership or Limited Liability Limited Partnership:  Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

\$30.00 (Optional)

Certified Copy: Certificate of Status:

\$5.00 (Optional)

Page 2 of 2

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:							
FMC Trucking LLC. (Must end with the words "Limited Liability Company, the abbrevi	ation "L.L.C.," or the designation "LLC.")						
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is	S:					
Principal Office Address:	Mailing Address:						
FMC Trucking LLC         FMC Trucking LLC           2564 Robert Trend Jones Dr. # 1313         2564 Robert Trend Jones Dr. # 1313           Orlando, FL 32835         Orlando, FL 32835							
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 regi	istered agent are:						
Fabiano M. Carriero							
1	Name						
2564 Robert Trend Jo	ones Dr. # 1313						
Florida street address (P.O. Box NOT acceptable)							
Orlando	FL 32835						
City, State, and Zip							
Having been named as registered agent and to accept company at the place designated in this certificate, It agree to act in this capacity. I further agree to comproper and complete performance of my duties, and position as registered agent as provided for in Chap	hereby accept the appointment as registered agoly with the provisions of all statutes relating to the I am familiar with and accept the obligations of	ent an he					
Registered Age	ent's Signature (REQUIRED)	12 HAY -2	SECRETAR DIVISION OF C				
(C	ONTINUED)		02F				
Pa	ge 1 of 2	計10:25	STATE ORATIONS				

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGR** Fabiano M. Carriero 2564 Robert Trend Jones Dr. # 1313 Orlando, FL 32835 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (OPTIONAL) (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 Certificate of Conversion, if an effective date listed therein.) **REQUIRED SIGNATURE:**

(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. 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.)

Fabiano M. Carriero

Typed or printed name of signee

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

Page 2 of 2