# 13000062034

| (Re                     | questor's Name)    | . "         |
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| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL.       |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
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Office Use Only



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SLORETARY OF STATE TALLAHASSEF, FLORIDA

13 APR 26 AM II: 18

APR 2 9 2013 T CLINE

# COVER LETTÉR

| <b>TO:</b> Registration Section Division of Corporations  |   |
|---|---|
| SUBJECT: AMERI TRUCK SAL  |   |
| (Name   | e of Resulting Florida Limited Company)   |
|   | And Articles of Organization, and fees are submitted to convert an a Limited Liability Company" in accordance with s. 608.439, F.S. |
| Please return all correspondence conce  | rning this matter to:   |
| JOHN MAYES  |   |
| (Contact Person)  |   |
| AMERI-TRUCK SALES   |   |
| (Firm/Company)  |   |
| 19400 US HWY 19 N   |   |
| (Address)   | <del></del>   |
| CLEARWATER,FL. 33764  |   |
| (City, State and Zip Co   | ode)  |
| INFO@AMERI-TRUCKSALES.C   | COM   |
| E-mail address: (to be used for future annual re  |   |
| For further information concerning this   | s matter, please call:  |
| JOHN MAYES  | at ( 727 ) 5317600  |
| (Name of Contact Person)  | (And Code and Destine Talanham Number)  |
| Enclosed is a check for the following a   |   |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\$155.00 Filing Fees and Certificate of Status | \$180.00 Filing Fees and Certified Copy S185.00 Filing Fees, Certified Copy, and Certificate of Status                              |
| STREET.ADDRESS:   | MAILING ADDRESS:  |
| Registration Section  | Registration Section  |
| Division of Corporations  | Division of Corporations  |
| Clifton Building  | P. O. Box 6327 Tallahassee, FL 32314  |

Tallahassee, FL 32301

### **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 Certif  | icate of        | •             |       |
|--|-----------------|---------------|-------|
| Conversion is:  AMERI TRUCK SALES, LLC  Mo5 - 1944   |                 |               |       |
| (Enter Name of Other Business Entity)  | •               |               |       |
| 2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  | •               |               |       |
| (Enter entity type. Example: corporation, limited partnership,   | 1               | ~ 1           |       |
| general partnership, common law or business trust, etc.)   |                 | 2013          |       |
| first organized, formed or incorporated under the laws of DELAWARE   | _ <u></u>       | <u></u> PR    | · :   |
| (Enter state, or if a non-U.S. entity, the name of the country)  | ASS             | ₹26           | (m.s. |
| on <u>2/14/2005                                   </u>   | 1.336<br>Jij J. | - 5.<br>- ₹   | •     |
| (Enter date "Other Business Entity" was first organized, formed or incorp  | orated          | )==           | ŧ.,   |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country ur which it is now organized, formed or incorporated:  | ıder the        | laws o        | of    |
| FLORIDA  | •               |               |       |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Arti Organization:   | cles of         |               |       |
| AMERI TRUCK SALES, 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 filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective 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 ent conversion complies with such law(s) and the requirements of s.608.439, F.S., in effective  | ity and t       | the<br>onvers | sion. |

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

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

Fees:

Certificate of Conversion:

Fees for Florida Articles of Organization:

Page 2 of 2

\$25.00

\$125.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| (Must end with the words "Limited Liability Company, the al   | bbreviation "L.L.C.," or the designation "LLC.")  |                          |
|---|---|--------------------------|
| ARTICLE II - Address:   |   |                          |
| The mailing address and street address of the   | principal office of the Limited Liability   | y Company is:            |
| Principal Office Address:   | Mailing Address:  |                          |
| 19400 US HWY 19 N   | 19400 US HWY 19 N   |                          |
| CLEARWATER,FL. 33764  | CLEARWATER,FL.33764   |                          |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)                                       | ed Office, & Registered Agent's Sign<br>gistered Agent. You must designate an individual or           | r another                |
| business entity with an active Florida registration.)   | istered Agent. You must designate an individual or  | r another                |
| (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  | e registered agent. You must designate an individual or   | 2013 APR 26<br>SECRETAKY |
| (The Limited Liability Company cannot serve as its own Reg<br>business entity with an active Florida registration.)  The name and the Florida street address of the                               | e registered agent. You must designate an individual or   | 2013 APR 26<br>SECRETAKY |
| (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the                                  | e registered agent are:  MAYES  Name  | 2013 APR 26<br>SECRETAKY |
| (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the DANIEL WAYNE N                   | e registered agent are:  MAYES  Name  | 2013 APR 26 SECRETARY    |
| (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the   DANIEL WAYNE N  1406 MAPLE FOI | e registered agent. You must designate an individual or e registered agent are:  MAYES  Name  REST DR | 2013 APR 26<br>SECRETAKY |

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..

Wayne Mayez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

|       | Title:                  | Nam                          | e and Address:   |               |                     |             |
|-------|-------------------------|------------------------------|--|---------------|---------------------|-------------|
|       | "MGR" = Manag           | er                           | <del></del>  |               |                     |             |
|       | "MGRM" = Man            | aging Member                 |  |               |                     |             |
|       | MGRM                    | _                            | DANIEL WAYNE MAYES   |               |                     |             |
|       |                         |                              | 1406 MAPLE FOREST DR   |               |                     |             |
|       |                         |                              | CLEARWATER,FL.33764  |               |                     |             |
|       | MGRM                    | _                            | NANCY L MAYES  |               |                     |             |
|       | -                       | _                            | 1406 MAPLE FOREST DR   |               |                     |             |
|       |                         |                              | CLEARWATER,FL.33764  |               | 201                 |             |
|       |                         |                              |  | 동성            | 2013 <u>A</u> PR 26 | i.<br>Anner |
|       |                         | _                            |  | TAR TARY      | <del>2</del> 6      | and the the |
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|       |                         |                              |  | TO THE        | 17                  |             |
|       |                         | -                            |  | Y OF STATE    |                     | £.,         |
|       |                         |                              |  |               | 9                   |             |
|       |                         |                              |  | <del></del>   | _                   |             |
|       | (Use attachment i       | f necessary)                 |  |               |                     |             |
| A D   | TICLE V. Effectiv       | e date if other than th      | ne date of filing:   |               |                     |             |
| -1.T. | TICLE V. Ellectiv       | e date, il other than ti     | ne date of filing: (OPTIONAL)  |               |                     |             |
| Th    | e effective date: 1)    | cannot be prior to n         | or more than 90 days after the date this   |               |                     |             |
|       | -                       | · —                          | must be the same as the effective date   | listed in th  | e atta              | ched        |
| Cei   | tilicate of Conversi    | ion, if an effective da      | ne asteu taerem.)  |               |                     |             |
| RE    | <b>QUIRED</b> SIGNAT    | TURE:                        |  |               |                     |             |
|       | ٥                       | 1                            | •  |               |                     |             |
|       | d)                      | and Wayne                    | Mayer  |               |                     |             |
|       | Signature               | of a member or an aut        | Mayer horized representative of a member.  |               |                     |             |
|       | the penalties of period | ury that the facts stated he | da Statutes, the execution of this document consti<br>erein are true. I am aware that any false informati<br>ttes a third degree felony as provided for in s.817 | ion submitted | mation (            | under       |
|       | DANIE                   | L WAYNE MAY                  | FS   |               |                     |             |
|       | DAME                    | Typed or                     | printed name of signee   | _             |                     |             |