# 13000102772

(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:
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J. SAULSBERRY EXAMINER JUL 19 2013

# **COVER LETTER**

TO:	Registration Division of	n Section Corporations	•	•				:	•
SHR.	IECT. KSA	A BUSLINE INC		,					
SOB	,	(Name o	f Result	ing Florida Lim	nited (	Company)	_		
						, and fees are submitted any" in accordance with			S.
Pleas	e return all co	orrespondence concern	ing thi	s matter to:					
	JOH	HNNY ARREGOC	ES						
		(Contact Person)							
		(Firm/Company)							
	4	4160 RAVENSWO	DOD	ROAD			,,,,	210	
		(Address)						<u></u>	
		DANIA BEACH	l, FL3	33312			i di Lington	7013 JUL	1
		(City, State and Zip Code	:)				3-1-	17	į ·······
INFO	D@MARTI	NACCOUNTING	MIAN	1I.COM			-	- 15	1 4
E-mai	l address: (to be	used for future annual repo	ort notif	ications)			—' () / 2 m	င္သာ	· ,
For fi	urther inform	ation concerning this r	natter,	please call:			35	<u>3</u>	
GUS	STAVO MOF	RA	at	( 305	82	265886			
	(Name of Co	ontact Person)			and I	Daytime Telephone Number)	<del></del>		
Enclo	osed is a chec	k for the following am	ount:						
25 (\$25) <sup>لـ</sup> 12 & &	00 Filing Fees for Conversion 25 for Articles ganization)	\$155.00 Filing Fees and Certificate of Status		80.00 Filing Fed d Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS:			MAILI	NG	ADDRESS:				
Registration Section		Registration Section							
Division of Corporations			Division of Corporations						
Clifton Building 2661 Executive Center Circle			P. O. Box 6327 Tallahassee, FL 32314						
	hassee, FL 3			i anana:	.55CC.	, FL 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:  KSA BUSLINE INC P11000060691  (Enter Name of Other Business Entity)  2. The "Other Business Entity" is a S CORPORATION  (Enter entity type, Example: corporation, limited partnership.
(Enter Name of Other Business Entity)
(Eliter Name of Other Business Entity)
2. The "Other Business Entity" is a S 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)
The second secon
011 0770 1720 11
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:
FLORIDA
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
KSA BUSLINE, LLC
KSA BUSLINE, LLC (Enter Name of Florida Limited Liability Company)
(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

currently organized, formed or incorporated.

Signed this <u>05</u>	day of JULY	20 <u>13</u> .	
Signature of Member	or Authorized Ren	resentative of Limited Liability Compa	intr•
Individual signing affir	ms that the facts sta	ted in this document are true. Any false	<u>my.</u> information
constitutes a third degr			
Signature of Member of	r Authorized Repres	entative: Title: PRESIDENT/DIRECTOR	
Printed Name: JOHNNY ARREGOCES		Title: PRESIDENT/DIRECTOR	
	Any false informat	ntity: Individual(s) signing affirm(s) that on constitutes a third degree felony as pature(s).	
	-/		
Printed Name: JOHNNY A	PREGOCES	Title: <u>PRESIDENT/DIRECTOR</u>	
Printed Name:		Title:	
Signature:		Title:	<del></del>
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:	
Signature:			
Printed Name:		Title:	
			<del></del>
Signature:		Title:	
Timed Ivanie.			
Signature:		Title:	2013 JUL 17
Printed Name:		Title:	
If Florida Corporation	•		===
Signature of Chairman,		tor, or Officer.	10000000000000000000000000000000000000
If Directors or Officers h	nave not been selected	l, an Incorporator must sign.	30
If Florida General Part	tnorchin or Limited	I iahility Partnerchin:	
Signature of one General		Liability 1 articismp.	
If Florida Limited Part Signatures of ALL Gene		Liability Limited Partnership:	
All others: Signature of an authorize	ed person.		
Fees:			
Certificate of Conversion	on:	\$25.00	
Fees for Florida Article		\$125.00	
Certified Copy:	-	\$30.00 (Optional)	
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:

KSA BUSLINE, LLC (Must end with the words "Limited Liability Company, the a  ARTICLE II - Address: The mailing address and street address of the	<u> </u>	y Company is:
Principal Office Address:	Mailing Address:	
4160 RAVENSWOOD ROAD  DANIA BEACH, FL 33312	SAME AS	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeristics) business entity with an active Florida registration.)		
The name and the Florida street address of the	e registered agent are:	2013
ARREGOCES.		
4160 RAVENS Florida street addre	WOOD ROAD ss (P.O. Box NOT acceptable)	AM 80
DANIA DEACH	22242	≒်္က မေ

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:			
"MGR" = Manager				
"MGRM" = Managing Membe	r			
MGRM	ARREGOCES, JOHNNY			
	4160 RAVENSWOOD ROAD	<del></del>		
	DANIA BEACH, FL 33312			
MGRM	ARREGOCES, KEVIN			
	4160 RAVENEWOOD ROAD			
	DANIA BEACH, FL 33312			
		<u> </u>	2013_JUL	
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(Use attachment if necessary)		in the second se		•
OTICLE V. Effective data if other	than the data of filing.	達置	ලා ලා	
THELE V. Enective date, if other	r than the date of filing: (OPTIONAL)	78.4 €21.44	30	
he effective date: 1) cannot be pri	or to nor more than 90 days after the date this do	ocument	is filed	l by
e Florida Department of State; A	ND 2) must be the same as the effective date list	ed in the	e attac	hed
ertificate of Conversion, if an effec	tive date listed therein.)			
EQUIRED SIGNATURE:				
	,			
1 / Jun 7/	المرادية المرادية			
Signature of a member of	r an authorized representative of a member.			
/	3), Florida Statutes, the execution of this document constitute	es an affirm	nation u	nder
the penalties of perjury that the facts	stated herein are true. I am aware that any false information constitutes a third degree felony as provided for in s.817.155	submitted.	in a	
JOHNNY ARREG	OCES MGRM			
Tyl	ped or printed name of signee			