#14000/64569

(Danisatada Nassa)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Star	tus
Special Instructions to Filing Officer:	
W14-58754 AR	
Office Use Only	



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09/22/14--01029--004 **150.00

2014 OCT 17 PM 1: 37

K.SALY EXAMINER OCT 29 2014



September 25, 2014

DEMETRIUS FORD 680 NW 41ST ST. CORAL SPRINGS, FL 33067

SUBJECT: INTERCONTINENTAL TRADING & LOGISTICS, L.L.C.

Ref. Number: W14000058754

We have received your document for INTERCONTINENTAL TRADING & LOGISTICS, L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 314A00020610

COVER LETTER

TO: Registration Division of	Section Corporations
SUBJECT:	[Name of Resulting Florida Limited Company)
	es of Conversion, Articles of Organization, and fees are submitted to convert an "Other to a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all con	respondence concerning this matter to:
ITL	(Contact Person) (Contact Person) (Firm/Company) NW 4157 ST. (Address) SAWG FL 33067 (City, State and Zip Code)
E-mail Address: (to	be used for future annual report notifications)
For further informa	tion concerning this matter, please call:
DEMETM	
(Name of Con	tact Person) (Area Code) (Daytime Telephone Number)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	of the following amount: \$\int\{\text{S}
STREET ADDRE Registration Section Division of Corpora Clifton Building	Registration Section

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: INTERCONTINENTAL TRADING & LOGISTICS, INC. (Enter Name of Other Business Entity)
(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
on <u>SAP</u> . & 2013 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
INTERCONTINENTAL TRADING & LOGISTICS, L.L.C
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date 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.)
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 13th day of OCTOBER	20_/4
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: FORD	Title: MANAGING MEMBER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
Signature: Printed Name: DEMETRIUS FOM	Title: Director V.P.
Signature:	
Printed Name:	Title:
	F
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	_Title:
Signature:Printed Name:	Title:
	To the second se
Signature:Printed Name:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
ARTICLE I - Name: The name of the Limited Liability Company is: INTERCONTINENTA (TADING & COGISTICS, L.C.) (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address:
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
6480 45 4157 56.
6480 NW 4159 ST. CORAL SAMILGE FI SAME
33067
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:
UNITED SCATES CORPORATION AGENTS TNC
Name
UNITED STATES CORPORATION AGENTS, INC Name 13302 WINDING OAK COURT SPE. A
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 336/2 City Zip
<u>1 AMPA FL 33</u> 6/2 City 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 605, F.S Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGA	DEMETRICE FOLD
	6480 NW 4151 ST.
1160	CORAL SHINGS FL 33067
MGR	1760 SF 13th Court
	Pompario BOACL FC 3306:
(Use attachment if necessary) LE V: Effective date, if other than to	
LE V: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business day
LE V: Effective date, if other than the frective date is listed, the date muldays after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any.	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any.	
LE V: Effective date, if other than of the fective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member of the fective date of the date	st be specific and cannot be more than five business day
LE V: Effective date, if other than of the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203	ber or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 istitutes an affirmation under the permanagement of the perm	ber or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
LE V: Effective date, if other than a fective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 istitutes an affirmation under the permanagement of the permana	ber or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Page 2 of 2

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