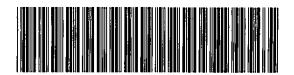
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(Requestor's Name)
(Address)
(Address)
(131,000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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14 DEC 29 PM 4: 4: 0
SECRETARY OF STAFF.
TAIL AHASSEE, ELORIDA

T. Sures JEE 3. 1601

COVER LETTER

10:	Division of C			
SUBJ	ECT: CONVE	ERT TO WWW.SHU	TTLES.COM, LLC	
SCDO	DC1	(Name	of Resulting Florida Limit	ted Company)
			-	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to:	
PHILI	LIP AYOUNG	-CHEE		
		(Contact Person)		
WWV	V.SHUTTLES	.COM		
		(Firm/Company)		
5764	NW 109 WAY	1		
		(Address)		
COR	AL SPRINGS	, FL 33076		
•	(0	City, State and Zip Code)		
annie	ayoungchee	@yahoo.com		
E-n	nail Address: (to b	e used for future annual re	port notifications)	
For fu	rther information	on concerning this ma	tter, please call:	
ANNI	E AYOUNG-0	CHEE	_at (954)410	0 6091
	(Name of Conta	ct Person)	(Area Code) (Da	ytime Telephone Number)
Enclos	sed is a check f	or the following amou	int:	
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	ET ADDRES	S:		ADDRESS:
_	ration Section	ions	Registration	
	on of Corporati n Building	IOHS	P. O. Box 6:	Corporations 327
	Executive Cent	er Circle	Tallahassee,	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2014

PHILLIP AYOUNG-CHEE 5764 NW 109 WAY CORAL SPRINGS, FL 33076

SUBJECT: WWW.SHUTTLES.COM, LLC

Ref. Number: W14000074131

14 DEC 29 AM 10: 00

14 DEC 29 AM 10: 00

SIVISION OF COMPORATIONS
SIVISION OF COMPORATIONS
SIVISION OF COMPORATIONS

We have received your document for WWW.SHUTTLES.COM, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person. Signifure is added.

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.

Tim Burch Regulatory Specialist II

Letter Number: 714A00026327

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 Busines WWW.SHUTTLES.COM, To c	s Entity" immediately prior to the filing of the Articl	es of Coi	nversi	on is:
(Ent	er Name of Other Business Entity)	A.		
2. The "Other Business Entity" is a	S CORPORATION		14 DE	Construence of the Construence o
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	E TAR HASSI	EC 23	
First organized, formed or incorpor	ated under the laws of	EE, T	P	d Transaction
on 12TH OF FEBURARY, 1997 (date of organization, formation or inc	(Enter state, or if a non-U.S. entity, the	name of the	ne cour	itty)
(date of organization, formation or inc	orporation)	AO A	0.1	
3. The name of the Florida Limited	Liability Company as set forth in the attached Arti	cles of C	rgani	zation:
WWW.SHUTTLES.COM, LLC				
(Enter Name	of Florida Limited Liability Company)	.~		
4. If not effective on the date of file	ing, enter the effective date:			
(The effective date: 1) cannot be date this document is filed by the	prior to date of receipt or filed date nor more that Florida Department of State; <u>AND</u> 2) must be the s of Organization, if an effective date is listed ther	e same as		
5. The plan of conversion has been	approved in accordance with all applicable statutes.			

Page 1 of 2

Signed this 1S	T day of DECEMBER	_ 20 <u>14</u>			
Signature of A	authorized Representative of Limit	ted Liability Company:			
Signature of Au Printed Name: <u>F</u>	uthorized Representative: PHILLIP AYOUNG-CHEE	Title: PRESIDENT / A MBR	_		
Signature(s) on		See below for required signature(s).]			
Signature:Printed Name: F	PHILLIP AYOUNG-CHEE	Title: PRESIDENT	-		
Signature: Printed Name:_		Title:	_		
Signature: Printed Name:_		_ Title:	- -		
Signature: Printed Name:_		_ Title:	<u>-</u>		
Signature: Printed Name:		_ Title:	<u>-</u>		
		_ Title:			
	poration: airman, Vice Chairman, Director, or O Officers have not been selected, an Inc				
	<mark>eral Partnership or Limited Liabilit</mark> e General Partner.	y Partnership:	TALLA	14 01	*Confront
	ited Partnership or Limited Liabilit LL General Partners.	y Limited Partnership:	HASSEE	C 29	A SUPERANCIA SE
All others: Signature of an	authorized person.		OF STAT	PM 4: 4:0	
Fees:			D, ri	0	
Fees for Certified	of Conversion: Florida Articles of Organization: Copy: ate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WWW.SHUTTLES.COM, LLC		
	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	f the principal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
5764 NW 109 WAY	5764 NW 109 WAY	
CORAL SPRINGS, FL 33076	CODAL CODINGO EL 22070	
	CORAL SPRINGS, FL 33076	
ARTICLE III - Registered Agent, Reg	ristered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual of another control of the control of th	ther
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o	ristered Office, & Registered Agent's Signatur wn Registered Agent. You must designate an individual of another of the registered agent are:	ther DPC
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	ristered Office, & Registered Agent's Signature with Registered Agent. You must designate an individual for another of the registered agent are:	ther R
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	ristered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual of another of the registered agent are:	ther 14 DEC 29
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	ristered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual of another of the registered agent are:	ther 14 DEC 29
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address PHILLIP AYOUNG 5764 NW 109 WAY	ristered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual of another of the registered agent are:	ther 14 0EC 29
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address PHILLIP AYOUNG 5764 NW 109 WAY	ristered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual of another of the registered agent are: I-CHEE Name Y SS (P.O. Box NOT acceptable)	ther 14 DEC 29

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>	Name and Address:
"AMBR" = Authorized Member	1 VILING BITCH FRACTIONS
"MGR" = Manager	DUILLE AVOLING OUEF
<u>AMBR</u>	PHILLIP AYOUNG-CHEE
	5764 NW 109 WAY
	CORAL SPRINGS, FL 33076
AMBR	ANNIE AYOUNG-CHEE
	5764 NW 109 WAY
	CORAL SPRINGS, FL 33076
	- Contraction of the Contraction
	S D S Secure
 	₩ -
(Utan and allowant if was a second	77 F.C
(Use attachment if necessary)	▶ "
or 90 days after the date of filing.) RTICLE VI: Other provisions, if any.	
THEEL VI. Other provisions, it any.	
REQUIRED SIGNATURE:	
	Wa.
REQUIRED SIGNATURE: Signature of a memb	er or an authorized representative of a member.
Signature of a memb (In accordance with section 605.0203	(1) (b), Florida Statutes, the execution of this document
Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per	(1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true.
Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per	(1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State
Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information sconstitutes a third degree felony as pro-	(1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State vided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information s constitutes a third degree felony as professional prof	(1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State vided for in s.817.155, F.S.)

Page 2 of 2

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

ARTICLE, IVThe name and address of each person authorized to manage and control the Limited Liability