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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| W5-10 | ,473 | |
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Office Use Only



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SECONDARY OF STATE
SECONDARY OF STATE

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COVER LETTER

| TO: Registration S Division of C | | | | | | |
|--|--|----------------------------------|---------------------|--|------------------------|----------------------|
| SUBJECT: FLORIE | DA AUTO TRANSPO | ORT LLC | | | | |
| | (Name | of Resulting Flor | ida Limite | ed Company) | | |
| Business Entity" into | · · · · · · · · · · · · · · · · · · · | ability Compa | ny" in a | nd fees are submitted to co ccordance with s. 605.104 | | भ |
| VERONICA WILLIS | S | | | | | |
| FLORIDA AUTO T | (Contact Person) RANSPORT LLC | | | | | |
| · | (Firm/Company) | <u> </u> | | | | |
| 2771-29 MONUME | NT ROAD UNIT 14 | 2 | | | | |
| | (Address) | | | | | |
| JACKSONVILLE, F | FL 32225 | | | | | |
| (1 | City, State and Zip Code) | | | | | |
| floridaautotranspor | t@aol.com | | | | | |
| E-mail Address: (to b | e used for future annual re | port notifications |) | | 57. 29 | |
| For further informati | on concerning this ma | tter, please cal | 1: | | 2015 F | CZZALISMI. |
| VERONICA WILLI | S | _at (904 | ₎ 434 | -2995 | 50 8 | ****** |
| (Name of Conta | nct Person) | (Area Co | ie) (Day | ytime Telephone Number) | Hass Aug | • |
| Enclosed is a check f | for the following amou | int: | | | AM 9: OF STA | T.L |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | \$180.00 Fili and Certified C | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | AM 9: 47 PLORIDA | ³ 46,9241 |
| STREET ADDRES | s: | | | ADDRESS: | | |
| Registration Section | | | stration | | | |
| Division of Corporat Clifton Building | ions | | sion of C Box 63 | Corporations 27 | | |
| Cutton remiding | | 1. 0 | | · | | |

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 and attached Articles of Organization 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 FLORIDA AUTO TRANSPORT LLC | of Conversion is: |
|--|------------------------|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a LIMITED LIABILITY 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 (Fater state or if a non U.S. entity, the next | |
| 6/24/2013 (Enter state, or if a non-U.S. entity, the nar | ne of the country) |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Article FLORIDA AUTO TRANSPORT -TX LLC | s of Organization: |
| (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 9 date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the sa date listed in the attached Articles of Organization, if an effective date is listed therein | ime as the effective |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. | FEB - |
| Page 1 of 2 | 6 AM 9: 47 SEE FLORIBA |

| Signed this 31 day of JANUARY | _ 20 <u>15</u> |
|--|---------------------------------------|
| Signature of Authorized Representative of Limit | ed Liability Company: |
| | V $-$ |
| Signature of Authorized Representative: Printed Name: VERONICA WILLIS | Title: PRESIDENT |
| Printed Name: VERONICA WILLIS | Title: PRESIDENT |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s).l |
| | |
| Signature: | |
| Printed Name: VERONICA WILLIS | Title: PRESIDENT |
| Signature | |
| Signature:Printed Name: | Title: |
| Timod Ivano, | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or C | |
| If Directors or Officers have not been selected, an Inc | orporator must sign. |
| If Florida General Partnership or Limited Liabilit | v Partnershin: |
| Signature of one General Partner. | <u> </u> |
| _ | |
| If Florida Limited Partnership or Limited Liabilit | y <u>Limited Partnership:</u> |
| Signatures of <u>ALL</u> General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| _ | |
| Fees: | |
| Articles of Conversion: | \$25.00 |

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:



\$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 | :: | |
|---|--|--|
| FLORIDA AUTO TRANSPORT - TX L (Must end with the words "Limited Liab | ility Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the p | principal office of the Limited Liabili | ty Company is: |
| Principal Office Address: | Mailing Address: | |
| 2771-29 MONUMENT ROAD UNIT 142 JACKSONVILLE, FL 32225 ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registeres) business entity with an active Florida registration.) | | |
| The name and the Florida street address of the | registered agent are: | |
| VERONICA WILLIS | | |
| Nan | ne | |
| 1250 BROOKWOOD FO | DREST BLVD # 6204 | |
| Florida street address (P.0 | | |
| JACKSONVILLE | FL 32225 | |
| City | Zip | |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re | in this certificate, I hereby accept the a city. I further agree to comply with the performance of my duties, and I am f egistered agent as provided for in Cha | appointment as ne provisions of all amiliar with and |
| Registered Agent's Sig | mature (REQUIRED) | |
| (CONTE | · | -6 AH 9: 47 SSEE FLORIDA |
| rage i | UE & | Righ Righ |

| | Nome and Address |
|---|---|
| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
| "MGR" = Manager | |
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| effective date is listed, the date mus | the date of filing: (OPTIONAL) the specific and cannot be more than five business day |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. | et be specific and cannot be more than five business day |
| CLE V: Effective date, if other than the other than the offective date is listed, the date must days after the date of filing.) | et be specific and cannot be more than five business day |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 institutes an affirmation under the per- | er or an authorized representative of a member. (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.) |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 institutes an affirmation under the permaware that any false information is institutes a third degree felony as pro- | per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true; submitted in a document to the Department of States vided for in s.817.155, F.S.) |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 institutes an affirmation under the permaware that any false information is institutes a third degree felony as pro- | er or an authorized representative of a member. (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.) |

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| AMBR. | Vennica Willis |
| | TOTALICE TO THE |
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| (Use attachment if necessary) | |
| | the date of filing: (OPTIONAL) the specific and cannot be more than five business days prior |
| days after the date of filing.) | he date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior |
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| days after the date of filing.) | he date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior |
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| CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a month | per or an authorized representative of a member. |
| CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memb | ner or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document |
| REOUIRED SIGNATURE: Signature of a month of accordance with section 605.0203 institutes an affirmation under the per | ner or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document |
| REQUIRED SIGNATURE: Signature of a month of accordance with section 605.0203 institutes an affirmation under the permanent and false information s | rer or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. |
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| REOUIRED SIGNATURE: Signature of a month of a month of accordance with section 605.0203 institutes an affirmation under the per maware that any false information so institutes a third degree felony as professional formation of the period of the following from the filling fees: \$125.00 Filling Fee for Articles | per or an authorized representative of a member. (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.) The property of the property of the period of this document of the period of this document of the period of the perio |
| REOUIRED SIGNATURE: Signature of a month In accordance with section 605.0203 constitutes an affirmation under the personal aware that any false information sonstitutes a third degree felony as pro- | rer or an authorized representative of a member. (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.) yped or printed name of signee of Organization and Designation |