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April 24, 2015

YVETTE RASHID 2787 E OAKLAND PARK BLVD STE 204 FT LAUDERDALE, FL 33306

SUBJECT: ORLANDO TRANSPORT GROUP LLC

Ref. Number: W15000028899

We have received your document for ORLANDO TRANSPORT GROUP LLC and your check(s) totaling \$155.00. 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.

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00008353

## **COVER LETTER**

то:	Registration S Division of C			
SUR	IFCT. ORLAN	NDO TRANSPORT (	GROUP LLC.	
БОВ	.EC1.		of Resulting Florida Limite	ed Company)
				nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concerning	g this matter to:	
YVE	TTE RASHID			·
		(Contact Person)		
UNI	/ERSAL ACC	OUNTING & FINANC	CIAL SERVICE:	
		(Firm/Company)		
2787	' E OAKLAND	PARK BLVD STE 2	04	
		(Address)		
FTL	AUDERDALE	, FL 33306		
	((	City, State and Zip Code)		
info@	@universalacc	ountingfinancial.com	1	
E-1	nail Address: (to b	e used for future annual re	port notifications)	
For fi	urther informati	on concerning this ma	tter, please call:	
YVE	TTE RASHID		_at (954)728	-8982
	(Name of Conta	ict Person)	(Area Code) (Day	rtime Telephone Number)
Enclo	sed is a check f	or the following amou	int:	
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	\$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
STRI	EET ADDRES	S:	MAILING A	ADDRESS:
Regis	tration Section		Registration	Section
	ion of Corporat	ions	Division of C	
CIIII	n Building		P. O. Box 63	21

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

Statutes.			
1. The name of the "Other Business Enti- ORLANDO TRANSPORT GROUP IN	ty" immediately prior to the filing of the Article	s of Conversi	on is:
(Enter Nam	e of Other Business Entity)		
	RPORATION		
(Enter	entity type. Example: corporation, limited partnership, neral partnership, common law or business trust, etc.)		
First organized, formed or incorporated u	nder the laws of FLORIDA		
11/19/2014	(Emer state, or it a non-0.5, entity, the	name of the cour	atry)
(date of organization, formation or incorpora	tion)		
3. The name of the Florida Limited Liab	ility Company as set forth in the attached Artic	cles of Organ	ization:
ORLANDO TRANSPORT GROUP LI	LC.		
(Enter Name of Flor	ida Limited Liability Company)		
(The effective date: 1) cannot be prior date this document is filed by the Flori	to date of receipt or filed date nor more than da Department of State; <u>AND</u> 2) must be the Organization, if an effective date is listed there	same as the	
5. The plan of conversion has been appro	ved in accordance with all applicable statutes.		
	Page 1 of 2	15 APR 27 SECRETARY SALLABASSE	The second
		## 9: 10/ SI	(

Signed this 27 day of APRIL	_ 20 <u>_ 15</u>			
Signature of Authorized Representative of Limit		)		
Signature of Authorized Representative: <u>Larl</u> Printed Name: <u>CARLOS PAEZ</u>	Title: MANAGING MEMBER	y		
Signature: Aliente pars -	See below for required signature(s).]  Title: PRESIDENT  Nicola Pacy  Title: VICE-PRESIDENT	_		
Printed Name: NICOLE PAEZ  Signature:				
Signature: Printed Name:	Title:	-		
Signature:Printed Name:	Title:	- -		
Signature:Printed Name:	Title:	- -		
Signature:				
Printed Name:	Title:	<u>.</u>		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		<u></u> c		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:		5 APR 2	, , , , , , , , , , , , , , , , , , ,
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.		1338 144 61	27 AH	\$ 144 \$ 244 \$ 244
All others: Signature of an authorized person.		STATE	9: 55	er nigaer
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	<b>:</b>				
The name of the Lim	ited Liability Comp	any is:			
ORLANDO TRANS				_	
(Must	end with the words "Limite	ed Liability Company, "L.L.C.," or	"LLC.")		
ARTICLE II - Add	ress:				
The mailing address	and street address of	the principal office of the	Limited Liability	Company is	:
Principal Office Ad	dress:	Mailing Address	<u>s:</u>		
9318 E COLONIAI	DRIVE	9318 E COLON	IAL DRIVE	<b>-</b>	
SUITE A-8 ORLANDO, FL 32	017	<u>SUITE A-8</u> ORLANDO, FL	22017	_	
ONLANDO, FL 32	011	OKLANDO, FL	32017	_	
	pany cannot serve as its ov	istered Office, & Registe on Registered Agent. You must des			
The name and the Flo	orida street address o	of the registered agent are:	200	ਹੀ	
<u>.</u>	<u> Iniversal Accounti</u>	ng & Financial Services	Inc. ∑	API	
		Name	25	APR 27	
2	2787 E Oakland Pa	ark Blvd Ste 204	<u> </u>	R In	
	Florida street addres	s (P.O. Box NOT accepta	ble)	اِرْزِدُ فِي	
F	t Lauderdale	FL 33306	SE	្ឋា សា	

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.

Zip

Registered Agent's Signature (REQUIRED

City

(CONTINUED)

Page 1 of 2

Name and Address:
Carlos Paez
9318 E Colonial Drive Ste A-8
Orlando, FL 32817
Jean Carlo Paez
9318 E Colonial Drive Ste A-8
Orlando, FL 32817
Nicole Paez
9318 E Colonial Drive Ste A-8
Orlando, FL 32817
he date of filing: (OPTIONAL) at be specific and cannot be more than five business days prior
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the Rushing Willes Hasking the Public
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the specific and cannot be more than five business days prior that the submitted for 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 States.
the specific and cannot be more than five business days prior that the facts stated herein are true; submitted in a document to the Department of States wided for in s.817.155, F.S.)
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-