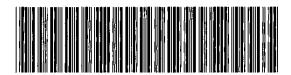
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(Re	equestor's Name)	<u></u>
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	·	of Status
Special Instructions to	Filing Officer:	

Office Use Only

JUN 1 5 2015 T. SCOTT



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### Ossi Law Firm, P.A.

4731 NW 53<sup>4</sup> Avenue, Suite 1 Gainesville, FL 32653 Telephone: (352) 692-4888 Facsimile: (352) 692-4998

SUSAN M. OSSI †, J.D., LL.M. IN TAXATION MCCABE G. HARRISON, J.D., LL.M. IN TAXATION RICHARD I. WITHERS, J.D., LL.M. IN TAXATION SUSAN@OSSILAW.COM McCabe@ossilaw.com Richard@ossilaw.com

\*ALSO ADMITTED IN ILLINOIS AND MISSOURI † BOARD CERTIFIED BY THE FLORIDA BAR AS A SPECIALIST IN WILLS, TRUSTN AND ESTATES LAW

June 3, 2015

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Tom Black Transit, LLC

Dear Sir or Madam:

Please find enclosed the following documents in relation to the conversion of Tom Black Transit, LLC from a Virginia limited liability company to a Florida limited liability company:

- 1. Cover Letter;
- 2. Articles of Conversion for Other Business Entity into Florida Limited Liability Company; and
- 3. Articles of Organization for Florida Limited Liability Company.

Please also find enclosed my law firm's check no 3306 in the amount of One Hundred Fifty and 00/100 Dollars (\$150.00) to cover the filing fees in relation to the Articles of Conversion (\$25.00) and the Articles of Organization (\$125.00).

If you have any questions or require any additional information or documents, please contact me at the office number listed above.

Sincerety,

Richard I. Withers

cc: Thomas N. Black (via email)

#### **COVER LETTER**

TO:	Registration Division of C		У			
SUBJ	ECT: Tom Black	ck Transit, LLC				
	, <del></del>	(Name	of Resulting Florida	Limite	ed Company)	
			_		nd fees are submitted to convert an ecordance with s. 605.1045, F.S.	"Other
Please	return all corr	espondence concernin	g this matter to:			
Thoma	s N. Black	•				
		(Contact Person)				
Tom B	lack Transit, LLC					
		(Firm/Company)		•		
3495 S	W 73rd Way					
		(Address)				
Gaines	ville, Florida 3260	08				
	(+	City, State and Zip Code)				•
tombla	ck.transit@gmail.	com				
E-m	ail Address: (to b	e used for future annual re	port notifications)			
For fu	rther informati	on concerning this ma	tter, please call:			
Thomas	s N. Black		_at ( <sup>352</sup>	505-6	5469	
	(Name of Conta	ect Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclos	sed is a check f	for the following amou	ınt:			
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	ET ADDRES	S:			ADDRESS:	
_	ration Section on of Corporat	ions	Registra Division		Section Corporations	
	n Building	IOIIS	P. O. Bo		•	
	Executive Cent	er Circle	Tallahas	ssee, l	FL 32314	

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.

	ne name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. Th	ne "Other Business Entity" is a
_,	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First	organized, formed or incorporated under the laws of Virginia
De	ecember 15, 2011 (Enter state, or if a non-U.S. entity, the name of the country)
(d	ate of organization, formation or incorporation)
3. Tł	ne name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Tom E	Black Transit, LLC
	(Enter Name of Florida Limited Liability Company)
4. If	not effective on the date of filing, enter the effective date:
(The date date Note:	effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the this document is filed by the Florida Department of State; AND 2) must be the same as the effective listed in the attached Articles of Organization, if an effective date is listed therein.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
5. Th	e plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this day of	20_15
Signature of Authorized Representative of Limit	ited Liability Company:
Signature of Authorized Representative:  Printed Name: Thomas N. Black	Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Thomas N. Black  Printed Name: Thomas N. Black	Title: Manager
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
Signature: Printed Name:	Title
Printed Name:	Titue:
Signature: Printed Name:	Title
Filmed Hame.	11110.
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty 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 Co	mpany is:
Tom Black Transit, LLC	: 5 11 12 G
(Must end with the words "L	.imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3495 SW 73rd Way	3495 SW 73rd Way
Gainesville, Florida 32608	Gainesville, Florida 32608
(The Limited Liability Company cannot serve as business entity with an active Florida registration.)  The name and the Florida street address.	
Thomas N. Black	·
-	Name
3495 SW 73rd Way	·
Florida street ad	dress (P.O. Box NOT acceptable)
Gainesville	FL 32608
Ci	ty 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..

Thomas M Stack
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

•	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Thomas N. Black
WIGH	3495 SW 73rd Way
	Gainesville, Florida 32608
,	
(Use attachment if necessary)  CLE V: Effective date, if other the effective date is listed, the date	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days
CLE V: Effective date, if other the effective date is listed, the date 0 days after the date of filing.) If the date inserted in this block does no	nan the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days  t meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other the effective date is listed, the date 0 days after the date of filing.) If the date inserted in this block does not it's effective date on the Department of	nan the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days  t meet the applicable statutory filing requirements, this date will not be liste  f State's records.
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CLE V: Effective date, if other the effective date is listed, the date to days after the date of filing.) If the date inserted in this block does not not's effective date on the Department of CLE VI: Other provisions, if any REQUIRED SIGNATURE:	nan the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days  t meet the applicable statutory filing requirements, this date will not be liste  f State's records.
CLE V: Effective date, if other the effective date is listed, the date to days after the date of filing.)  If the date inserted in this block does not not's effective date on the Department of the CLE VI: Other provisions, if any  REQUIRED SIGNATURE:  Signature of a material of the date inserted in this block does not not a series of the date inserted in this block does not not a series of the date in the date of the date	man the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days  t meet the applicable statutory filing requirements, this date will not be liste  f State's records.
CLE V: Effective date, if other the effective date is listed, the date to days after the date of filing.)  If the date inserted in this block does not not's effective date on the Department of the CLE VI: Other provisions, if any  REQUIRED SIGNATURE:  Signature of a material of the date inserted in this block does not not a series of the date inserted in this block does not not a series of the date in the date of the date	must be specific and cannot be more than five business days t meet the applicable statutory filing requirements, this date will not be liste f State's records.  Lack tember of an authorized representative of a member. 1.0205 (3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 1.0205 in a document to the Department of State