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COVER LETTER

(Contact Person) ONE STOP DISTRIBUTION, Inc. (Firm/Company) 11820 Miramar Parkway, S3 (Address) Miramar, Florida, 33025 (City, State and Zip Code) susana@4bbcorp.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Miguel Fernandez at (321)961-6601 (Name of Contact Person) Enclosed is a check for the following amount: \$\begin{align*} \text{\$150.00 Filing Fees} & \text{\$155.00 Filing Fees} & \text{\$185.00 Filing Fees}, \text{\$25 for Conversion} & \text{\$3tus} & \text{\$Certified Copy}, and \$\text{\$Certificate of Status} & \text{\$Corganization} \end{align*} STREET ADDRESS: MAILING ADDRESS:	TO: Registration Section Division of Corporations		
(Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Miguel Fernandez (Contact Person) ONE STOP DISTRIBUTION, Inc. (Firm/Company) 11820 Miramar Parkway, S3 (Address) Miramar, Florida, 33025 (City, State and Zip Code) susana@4bbcorp.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Miguel Fernandez (Name of Contact Person) Enclosed is a check for the following amount: \$\begin{array}{c} \$\$150.00 \text{ Filing Fees} & \$\Bar{3}\$155.00 \text{ Filing Fees} & \alpha \$\$180.00 \text{ Filing Fees} & \alpha \$\$180.00 \text{ Filing Fees} & \alpha \$\$185.00 \text{ Filing Fees}, and Certificate of Status} \end{array} STREET ADDRESS: MAILING ADDRESS:	SUBJECT: ONE STOP DISTRIBUTION, Inc	c.	
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-	Registration Section	Registra	ation Section
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₹	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301





May 27, 2015

MIGUEL FERNANDEZ 11820 MIRAMAR PKWY S3 MIRAMAR, FL 33025

SUBJECT: ONE STOP DISTRIBUTION, LLC

Ref. Number: W15000037285

We have received your document for ONE STOP DISTRIBUTION, 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 effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 115A00011081

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 Article ONE STOP DISTRIBUTION, Inc.	s of Conv	ersior	ı is:
(Enter Name of Other Business Entity)	25	<u>نځ</u> ,	
2. The "Other Business Entity" is a Corporation	CHA CHE TORE T	JUN 17	II.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	~ ~ ~		i care
First organized, formed or incorporated under the laws of Florida	e, Fe	PH I	
on Ol/29/2015 (Enter state, or if a non-U.S. entity, the reduced date of organization, formation or incorporation)	name of the	countr izz	y)
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Or	ganiz	ation:
ONE STOP DISTRIBUTION, LLC			
(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 date this document is filed by the Florida Department of State; AND 2) must be the date listed in the attached Articles of Organization, if an effective date is listed there Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	same as t in.)	he ef	fective
5. The plan of conversion has been approved in accordance with all applicable statutes.			

Page 1 of 2

Signed this 20 day of May	20 15			
Signature of Authorized Representative of Lim	ited Liability Company:			
Signature of Authorized Representative: Printed Name: Manel fermen dez	Title:	-		
Signature(s) on behalf of Other Business Entity:				
Signature: Printed Name: Miguel Fernandez	Title Member	-		
Signature:		•		
Printed Name:	Title:	•		
Signature: Printed Name:	Title:	;		
Signature:Printed Name:		_		
		7	A	
Signature: Printed Name:	Title:	CRET	JUN 17	
Signature: Printed Name:	Title:	ARY C		Target a
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.	RETARY OF STATE: AHASSEE: FLORIDA:	PM 4: 38	Contract Con
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liability 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

The name of the Limited Liability Company is:	
ONE STOP DISTRIBUTION, LLC (Must end with the words "Limited Liability")	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11820 Miramar Parkway, S-3, Miramar, Fl., 3302	11820 Miramar Parkway, S-3, Miramar, Fl., 33025
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Miguel Fernandez	TO R ITT
Name	FLOT E
11820 Miramar Parkway, S-3,	
Florida street address (P.O.	Box NOT acceptable)
Miramar	FL 33025
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alperformance of my duties, and I am familiar with and existered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

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

	<u>Title:</u>	Name and Address:		
	"AMBR" = Authorized Member "MGR" = Manager AMBR	Miguel Fernandez		
		11820 Miramar Parkway, S-3, Miramar, Fl., 33025	_ _	
			_	
	AMBR	Steven Murphy		
		11820 Miramar Parkway, S-3, Miramar, Fl., 33025		
	MGR	Ivan Ratkovich	- E	
		11820 Miramar Parkway, S-3, Miramar, Fl., 33025	_ == 	17242300
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	(Use attachment if necessary)			
ARTI	ICLE V: Effective date, if other than	the date of filing: (OPTIO	ONA!	L)
		st be specific and cannot be more than five busin		
	90 days after the date of filing.)	•		-
	If the date inserted in this block does not me ent's effective date on the Department of Sta	et the applicable statutory filing requirements, this date will n	ot be l	isted as the
locum	ent's effective date of the Department of Sta	ic s records.		
ART	ICLE VI: Other provisions, if any.			
				_
				_
	REQUIRED SIGNATURE:			
	Signature of a mem	ber or an authorized representative of a member	– r.	
		05 (2) Florida Statutas the avacution of this decum		

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Miguel Fernandez

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)