(R	requestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone#	()
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	Ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	

Office Use Only



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JUL 02 2015 T SCHROEDER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/2/15

NAME:

OCEANA GLOBAL LOGISTICS, LLC

TYPE OF FILING: CONVERSION

COST:

185.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration S Division of C					
SUB.	ECT: OCEAN	A GLOBAL LOGISTICS,	LLC			
0020		(Name	of Resulting Florida	Limite	ed Company)	
					nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.	r
Please	e return all corr	espondence concernin	g this matter to:			
WEW	AGE SACHINTH	A SISIL DEP				
		(Contact Person)				
OCEA	NA GLOBAL LO	GISTICS, LLC				
		(Firm/Company)				
3949 E	EVANS AVENUE	, SUITE 407A				
		(Address)				
FORT	MYERS, FL 3390)1				
	((City, State and Zip Code)				
SDEP	@OGLUS.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:			
WEW	AGE SACHINTH	A SISIL DEP	_at (5634	223	
	(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclo	sed is a check f	or the following amou	nt:			
(\$25 fo & \$125	0.00 Filing Fecs r 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	
STRE	ET ADDRESS	S: ·	MAILI	NG A	ADDRESS:	
	ration Section		Registra			
	on of Corporati	ons			Corporations	
	n Building Executive Cente	or Circle	P. O. Bo			
2001 I	LAWULIYE CEIIR	7 CHUE	i ananas	sce, l	FL 32314	

INHS11 (02/15)

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 Conversion is: OCEANA GLOBAL LOGISTICS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of GA
on first organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
OCEANA GLOBAL LOGISTICS, 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 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

SECRETARY OF STATE
NIVISION OF CORPORATIONS

15 JUL -2 PM 12: L1

Signed this MAY day of 27TH	20_15
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: 500	hore 386 Of
Printed Name: WEWAGE SACHINTHA SISIL DEP	Title: PRESIDENT - MORM
Signature(s) on behalf of Other Business Entity:	•
Signature: Sachinthe 551191-	<u> </u>
Printed Name: WEWAGE SACHINTHA SISTL DEP	Title: PRESIDENT - MGRM
Signature:	L
Printed Name: RENUKA DEVACAANTHAN	Title: VICE PRE/SECRETARY - MORM
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 If Directors or Officers have not been selected, an In	
•	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership;
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	tv Limited Partnership:
All others: Signature of an authorized person.	,
Fees:	
Articles of Conversion:	\$25.00

SECRETARY OF S.IAIL
JIVISION OF CORPORATION
15.111 -2 PM 12: 42

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

	L LOGISTICS, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - A	Address:	
The mailing add	ress and street address of th	e principal office of the Limited Liability Company is:
Principal Office	e Address:	Mailing Address:
		2040 BUANG AVONITO STOTE 401A
3949 EVANS AVE	NUE, SUITE 407A	3949 EVANS AVENUE, SUITE 407A
FORT MYERS, FL	Registered Agent, Registe	FORT MYERS, FL 33901 ared Office, & Registered Agent's Signature:
The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own R an active Florida registration.)	FORT MYERS, FL 33901 ared Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or mother
ARTICLE III - The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own R	FORT MYERS, FL 33901 ared Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or mother
ARTICLE III - The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own R an active Florida registration.)	FORT MYERS, FL 33901 ared Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Ran active Florida registration.) e Florida street address of the WEWAGE SACHINTHA SI	FORT MYERS, FL 33901 ared Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Ran active Florida registration.) e Florida street address of the WEWAGE SACHINTHA SI	FORT MYERS, FL 33901 ared Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: SIL DEP ame
ARTICLE III - The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Ran ective Florida registration.) e Florida street address of the WEWAGE SACHINTHA SING. No. 3949 EVANS AVENUE, SU	FORT MYERS, FL 33901 ared Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: SIL DEP ame
ARTICLE III - The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Ran ective Florida registration.) e Florida street address of the WEWAGE SACHINTHA SING. No. 3949 EVANS AVENUE, SU	FORT MYERS, FL 33901 ared Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are: SIL DEP ame ITE 407A

Having been named as registered ugent 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

SECRETARY OF STATE
STATE OF CORPORATIONS

15 JUL -2 PH 12: 42

"AMBR" = Authorized Member "MGR" = Manager AMBR WEWAGE SACHINTHA SISIL DEP 3949 EVANS AVENUE, SUITE 407A FORT MYERS, FL 33901 RENUKA DEVACAANTHAN 3949 EVANS AVENUE, SUITE 407A FORT MYERS, FL 33901 CLE V: Effective date, if other than the date of filing: (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL effective date is listed, the date must be specific and cannot be more than five business do 90 days after the date of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lient's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (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. am aware that any false information submitted in a document to the Department of State	Title:	Name and Address:
AMBR WEWAGE SACHINTHA SISIL DEP 3949 EVANS AVENUE, SUITE 407A FORT MYERS, FL 33901 RENUKA DEVACAANTHAN 3949 EVANS AVENUE, SUITE 407A FORT MYERS, FL 33901 CLE V: Effective date, if other than the date of filing: (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL effective date is listed, the date must be specific and cannot be more than five business do 90 days after the date of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lient's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (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.		emoer ·
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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)
Page 2 of 2

Typed or printed name of signee