L15000191283

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
Coomoo Dinay, Name,
(Document Number)
Certified Copies Certificates of Status
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11/06/15--01030--017 **150.00

SECRETARY OF STATE
THIS END OF CORPORATIONS

11/16/15

COVER LETTER

_	ration Section on of Corporations		
SUBJECT:	PULMAN	Expless (Name of Resulting Florida Lim	ited Company)
		(Name of Resulting Florida Lini	ned Company)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return	all correspondence co	ncerning this matter to:	
	Contact Polso	Alejandro H.	
4344	Sw 7th (Address)	st	
<u>Miam</u>	(City, State and Zi	Code)	
E-mail Addr	ess: (to be used for future	annual report notifications)	
For further in	formation concerning	this matter, please call:	
Aleta	of Contact Person)	at (305) (Area Code) (D	345 - 3301 aytime Telephone Number)
Enclosed is a	check for the following	ig amount:	
\$150.00 Filin (\$25 for Converse & \$125 for Artic of Organization)	sion and Certificate eles Status	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET AD Registration S Division of C Clifton Build 2661 Executive	Section orporations	P. O. Box 6	n Section Corporations

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 Articl	es of Conversion is:
1. The name of the "Other Business Entity" immediately prior to the filing of the Articl (P08-67015) (Enter Name of Other Business Entity)	e.
2. The "Other Business Entity" is a IN 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 Florida US (Enter state, or if a non-U.S. entity, the	name of the country)
on 07/15/2008 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	icles of Organization:
PullMAN ExpRES5 "LLC". (Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: NOV, O 1, 201 (The effective date: 1) cannot be prior to date of receipt or filed date nor more that 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 ther	n 90 days after the e same as the effective
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.	
5. The plan of conversion has been approved in accordance with all applicable statutes.	
Page 1 of 2	SECRETAL STANDARDE SECRETAL
	<u>o</u> 523 €

Signed this 23 day of October	_20 _/5
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Sofidence LOTHE PRESIDENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	Schole boot
Signature:	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Printed Name: CHIVENAS HIETANII	WHO PRESIDENT
Signature:	
Printed Name:	Title:
•	
Signature:	
Printed Name:	Title:
Signature:	,
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Fined Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnarching
Signature of one General Partner.	y rarthership.
<u>If Florida Limited Partnership or Limited Liabili</u>	y Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All othors	
All others: Signature of an authorized person.	
orginature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lir	nited Liability Company is	s:		
(Mus	PULLHAN EXP	ORESS	"LLC." or "LLC.")	·····
		лиу сопраку,	E.E.C., of EEC.	
The mailing address	Iress: and street address of the part of	principal of	fice of the Limited	Liability Company is:
Principal Office Ac	ddress:	<u>Mailing</u>	Address:	
4344 SW :	7th 5t 1 33/34	_54	MC	
	gistered Agent, Registered inpany cannot serve as its own Registive Florida registration.)			
The name and the F	lorida street address of the	registered a	agent are:	
<u>-</u>	Best Service Nan	e Acca	INTING INC	
(600 NW 32 PI			
	Florida street address (P.		- -	
-	Mi & Mi City	FL	33/25	
	City		Zıp	
liability compa registered agent a statutes relating	ed as registered agent and ny at the place designated and agree to act in this capa to the proper and complete gations of my position as re	in this certif acity. I furth performand	icate, I hereby acceper er agree to comply v ce of my duties, and	ot the appointment as with the provisions of all I am familiar with and
	•	62		
	Registered Agent's Sig	gnature (RE	QUIRED)	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager President	ALEJANDAD M. CARDENA 4344 SW 7 HD ST MISMI FI 33134	ል \$ -
	MI AMI PI 33139	_
		_
•		
		
		-
		-
		_
		- -
•	e date of filing: NOV OI 2015 (OPTIC	ONA
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) he date inserted in this block does not meet to seffective date on the Department of State's	e date of filing: NOU, OI, 2015. (OPTIO be specific and cannot be more than five business the applicable statutory filing requirements, this date will not street records.	ess d
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) he date inserted in this block does not meet the date on the Department of State is effective date on the Department of State.	be specific and cannot be more than five busine the applicable statutory filing requirements, this date will no	ess d
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet the seffective date on the Department of State's LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in accordance of the second	be specific and cannot be more than five busine the applicable statutory filing requirements, this date will not street records.	ot be I
fective date is listed, the date must days after the date of filing.) he date inserted in this block does not meet to seffective date on the Department of State state. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the degree felony and the degree felony.	the applicable statutory filing requirements, this date will not street records. To an authorized representative of a member ecordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State	ot be 1

Page 2 of 2

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

ARTICLE IV-