

L15000200611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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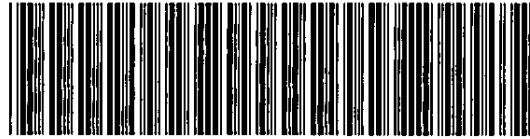
(Business Entity Name)

(Document Number)

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ALABAMA, MOBILE

12/4/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 95 SOUTH TOURS AND TRANSPORTATION, LLC
(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:

ANGELA ROCK
(Contact Person)
95 SOUTH TOURS & TRANSPORTATION, LLC
(Firm/Company)
11870 COLLINS CREEK DRIVE
(Address)
JACKSONVILLE, FLORIDA 32258
(City, State and Zip Code)
angelarock@bellsouth.net
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

ANGELA ROCK at (904) 338-4538
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) ☐ \$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

(Already paid)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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TALLAHASSEE, FLORIDA



(PLEASE READ)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2015

ANGELA ROCK
11870 COLLINS CREEK DRIVE
JACKSONVILLE, FL 32258

SUBJECT: 95 SOUTH TOURS & TRANSPORTATION, LLC
Ref. Number: W15000068270

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for 95 SOUTH TOURS & TRANSPORTATION, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must list only one (1) mailing address for the corporation and one (1) tax ID number, please correct your document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 415A00021779

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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15 DEC -1 AM 10:11
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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15 DEC -1 PM 2: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

95 South TOURS & TRANSPORTATION, INC.
(Enter Name of Other Business Entity) PO8000005131

2. The "Other Business Entity" is a 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
(Enter state, or if a non-U.S. entity, the name of the country)
on 1-15-2008
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

95 South TOURS & TRANSPORTATION, LLC TAX ID#
(Enter Name of Florida Limited Liability Company) 47-5216005

4. If not effective on the date of filing, enter the effective date: 1-01-2013

(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.

Signed this 28th day of OCTOBER, 2015.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Angela J. Rock

Printed Name: ANGELA ROCK

Title: PRESIDENT

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: A.B. Rock

Printed Name: ALPHONSO B. ROCK

Title: VICE PRESIDENT

Signature: Tierney T. Rock

Printed Name: TIERNEY T. ROCK

Title: SECRETARY / TREASURER

Signature: Courtney C. Rock

Printed Name: COURTNEY C. ROCK

Title: VICE PRESIDENT

Signature: Rashard B. Rock

Printed Name: RASHARD B. ROCK

Title: SECRETARY

Signature: Tatiana B. Rock

Printed Name: TATIANA B. ROCK

Title: SECRETARY

Signature: _____

Printed Name: _____

Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature 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)

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NOTARY STATE
AND COUNTY OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 DEC -1 PM 2: 22

95 South TOURS & TRANSPORTATION, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Bus Compound

4027 ALMEDA STREET
JACKSONVILLE, FLORIDA
32209

Mailing Address: OFFICE

11870 COLLINS CREEK DRIVE
JACKSONVILLE, FLORIDA
32258

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ANGELA ROCK
Name

11870 COLLINS CREEK DRIVE
Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE, FL 32258
City 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..

Angela J. Rock
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR / AMBR

Name and Address:

ANGELA ROCK

11870 COLLINS CREEK DR.
JACKSONVILLE, FL. 32258

Alphonso B. Rock

11870 COLLINS CREEK DR.
JACKSONVILLE, FL. 32258

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-01-2013 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Angela J. Rock

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

ANGELA L. J. ROCK

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)

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DEPARTMENT OF STATE
JACKSONVILLE, FLORIDA