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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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	Office Use On	lv

W/Y-87468



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12/10/15--01025--025 **185.00



JAN 4 2016

S. GILBERT

COVER LETTER

TO:	Registration S Division of C	—					
	•	•					
SUBJ	ECT: ASD True	cking Company LLC	CD.	T.1 731 11	7		
		(Name	of Kes	sulting Florida	Limite	ed Company)	
						d fees are submitted to co cordance with s. 605.104	
Please	return all corre	espondence concernin	g this	matter to:			
Tamara	savage						
		(Contact Person)		 			
ASD T	rucking Company	,					
		(Firm/Company)					
5420 L	aurel Oak St						
		(Address)					
Delray	Beach, FL 33484						
	((City, State and Zip Code)					
Tamara	VP@aol.com						
E-m	ail Address: (to b	e used for future annual re	port n	otifications)			
For fur	ther information	on concerning this ma	tter, p	olease call:			
Tamara	Savage		at (561	901-8	3575	
	(Name of Conta	ct Person)	ai ((Day	rtime Telephone Number)	
Enclos	ed is a check f	or 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 l 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 Building	ons		Division P. O. Bo		Corporations	
	Executive Cente	er Circle				FL 32314	

INHS11 (06/15)

Tallahassee, FL 32301



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2015

TAMARA SAVAGE 5420 LAUREL OAK STREET DELRAY BEACH, FL 33484

SUBJECT: ASD TRUCKING COMPANY LLC

Ref. Number: W15000081608

We have received your document for ASD TRUCKING COMPANY 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 515A00026670

Division of Comparations D.O. POV 6297 Tallahassas Florida 2021

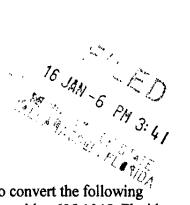
Articles of Conversion

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.

O	Enter Name of Other Business Entity)
2. The "Other Business Entity" i	corporation .
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorp	orated under the laws of Florida
La: 29-15	(Enter state, or if a non-U.S. entity, the name of the country)
on date of organization, formation or	incorporation)
	ine or portation,
3. The name of the Florida Limit	red Liability Company as set forth in the attached Articles of Organization
	ed Liability Company as set forth in the attached Articles of Organization
ASD Trucking Company LLC	ed Liability Company as set forth in the attached Articles of Organization
ASD Trucking Company LC & (Enter Nar) 4. If not effective on the date of	red Liability Company as set forth in the attached Articles of Organization

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

	1
Signed this 7 day of December	20_15
Signature of Authorized Representative of Limi	ted Liability Company:
· .	` (
Signature of Authorized Representative:	have Jun
Printed Name: Tamara Savage	Title: President/Chairman
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
	Title: President Chairman
Signature: Jamana Xavago	- One of the bound
Printed Name:	_Title:Title:
Signature:	
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Signature:Printed Name:	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Frinced Name.	rue:
Signature:	
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
74T	
If Florida General Partnership or Limited Liabilit	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership
Signatures of ALL General Partners.	y Enniced 1 at the iship,
All others:	
Signature of an authorized person.	
Fees:	
4.4.1	005.00
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
L APTITICATA AT NIADIC:	XX (II) (Chatranal)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	pany is:	
ASD Trucking Company LLC		
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited L	iability Company is:
Principal Office Address;	Mailing Address:	
5420 Laurel Oak St	5420 Laurel Oak Sst	
Delray Beach, FL 33484	Delray Beach, Fl 33484	
		
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Tamara Savage	own Registered Agent. You must designate an indiverse of the registered agent are:	
	Name	
5420 Laurel Oak St, Be	tray Beach FL-33484	
Florida street addre	ess (P.O. Box NOT acceptable)	
S Delray Be	ach FL 33484 Zip	
City	Zip	
liability company at the place desig registered agent and agree to act in th statutes relating to the proper and co	ent and to accept service of process for the gnated in this certificate, I hereby accept his capacity. I further agree to comply w complete performance of my duties, and I on as registered agent as provided for in	t the appointment as vith the provisions of a I am familiar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR/AMBR	Tamara Savage
	5420 Laurel Oak St
	Delray Beach, FL 33484
	
<u> </u>	
LE V: Effective date, if other than the	date of filing: 10/01/2015T . (OPTIONAL
ffective date is listed, the date must l days after the date of filing.)	be specific and cannot be more than five business da he applicable statutory filing requirements, this date will not be li-
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) the date inserted in this block does not meet the date of the Department of State's	be specific and cannot be more than five business da he applicable statutory filing requirements, this date will not be li-
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) he date inserted in this block does not meet the date on the Department of State's	be specific and cannot be more than five business da he applicable statutory filing requirements, this date will not be li-
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LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) he date inserted in this block does not meet it is effective date on the Department of State's LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in ac I am aware that any false informationstitutes a third degree felony. Tamara Savage	he applicable statutory filing requirements, this date will not be list records. To an authorized representative of a member. Ecordance with section 605.0203 (1) (b), Florida Statutes. action submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2

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

ARTICLE IV-