L16000016286

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
10/5	-1172	<u>4</u>





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579 (D) 579 (D) 100 (D) 100 (D)

COVER LETTER

Division of C	orporations					
SUBJECT: NCTR	UCKING, LLC					
SCHOLET.	(Name	of Re	sulting Florida	Limite	ed Company)	
					nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.	r
Please return all corre	espondence concerning	g thi	s matter to:			
KARELIA COBAS						
	(Contact Person)			•		
N C TRUCKING, IN	1C.					
	(Firm/Company)					
4954 CARVER ST	REET					
	(Address)					
LAKE WORTH, FL	33463					
(0	City, State and Zip Code)			•		
nctrucking@yahoo	.com					
E-mail Address: (to b	e used for future annual re	port 1	notifications)			
For further information	on concerning this ma	tter,	please call:			
KARELIA COBAS		at	(772	940-	-3571	
(Name of Conta	ct Person)		(Area Code)	(Day	ytime Telephone Number)	
Enclosed is a check f	or the following amou	int:				
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing d Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:		MAIL	ING A	ADDRESS:	
Registration Section					Section	
Division of Corporations Clifton Building Division P. O. Box			n of Corporations			
2661 Executive Cent	er Circle				FL 32314	
Tallahassee, FL 323				,		

TO: Registration Section



March 12, 2015

KARELIA COBAS N C TRUCKING, INC. 4954 CARVER STREET LAKE WORTH, FL 33463

SUBJECT: N C TRUCKING, LLC Ref. Number: W15000017724

We have received your document for N C TRUCKING, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Letter Number: 215A00005065

Teresa Brown Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

bility Company, "L.L.C.," or "LLC.")		
principal office of the Limited Liability Company i		
Mailing Address:		
4954 Carver Street		
Lake Worth, FL 33463		
		
red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another		
gistered Agent. You must designate an individual or another e registered agent are:		
gistered Agent. You must designate an individual or another		
gistered Agent. You must designate an individual or another e registered agent are:		
gistered Agent. You must designate an individual or another e registered agent are:		
gistered Agent. You must designate an individual or another e registered agent are:		

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Harelia Cosas (AMBL) 14359 Carres =
	Garelia Colas (AMBE)
	harelia (osas AMBR)
	1/4559 Carver 5=
•	
	194e wath. Fl. 33463
	
	<u> </u>
Use attachment if necessary)	<u>.</u>
LE VI: Other provisions, if any.	
REGITIONS SIGNATURE:	
AEQUINED SIGNATURE.	
	or an authorized representative of a member.) (b), Florida Statutes, the execution of this document
stitutes an affirmation under the pena	lties of perjury that the facts stated herein are true.
n aware that any false information sub	omitted in a document to the Department of State
stitutes a third degree felony as provident	-1 - 1'
	//a < a <
	(0)563.
	CoSo5. Ded or printed name of signee
- Barelia Typ	ped or printed name of signee
<u>JGre/15</u> Typ <u>Filing Fees:</u>	
<u> Harelia</u> Typ	Organization and Designation
days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five busines

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of I.C TRUCKING, INC.	f Conversion is:
(Enter Name of Other Business Entity)	
The "Other Business Entity" is a CORPORATION	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
irst organized, formed or incorporated under the laws of STATE OF FLORIDA (Enter state, or if a non-U.S. entity, the name	
1 00/20/2000	e of the country)
(date of organization, formation or incorporation)	
The name of the Florida Limited Liability Company as set forth in the attached Articles	of Organization:
C TRUCKING, LLC	
(Enter Name of Florida Limited Liability Company)	
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 ate this document is filed by the Florida Department of State; AND 2) must be the same ate listed in the attached Articles of Organization, if an effective date is listed therein.)	ne as the effective
The plan of conversion has been approved in accordance with all applicable statutes	

Page 1 of 2

Signed this 19th day of February	
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Karelia Cobas	<u> </u>
Printed Name: Karelia Cobas	Title: Administrator
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).
Signature: Printed Name: 1550//5 Cr505	
Printed Name: 6 cralle (25 al	Title: 1/15 cold
1/9/1/1	
Signature:	•
Signature:	Title:
Timed (dane.	11110.
Signature	
Drinted Name:	Title
Signature:Printed Name:	Title.
Signature:Printed Name:	T'41
Printed Name:	11tte:
Ci amatanta	
Signature:Printed Name:	T'.1.
Printed Name:	11tte:
Si	
Signature:	72/41
Printed Name:	1 itle:
ICE1. 43. C	
If Florida Corporation:	055
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
YATI 11 G IN	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	
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 \$125.00
	•
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)