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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2016

SMAJO DJILIC 5888 WIND CAVE LANE JACKSONVILLE, FL 32258

SUBJECT: DJS LOGISTIC LLC Ref. Number: W16000074009

ALPACIAN SUSAN

We have received your document for DJS LOGISTIC 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Nadira D McClees-Sams Regulatory Specialist II New Filing Section

Letter Number: 416A00023449

COVER LETTER

TO: Registration S Division of C			
SUBJECT: DJ	S LOGISTIC	C LLC	
	(Name of Res	ulting Florida Limited Con	npany)
		_	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Smaj	(Contact Person)		
DJS LO	GISTIC LL	^ 	
	(Firm/Company)		
5888 WINC	i cave Lane	<u> </u>	
JUKSONVIILE	(Address) FL, 32258 City, State and Zip Code)		
SMQ)(380)notma	11.C0 113	
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Smajo D	jilic	at (314) 35.	59-4850
(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)
	or the following amou a bank located in the		sed by this office must be payable in US
\$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
STREET ADDRES Registration Section	S:	MAILING A Registration S	

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

ZUB WITT PHIZ: 45

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 Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIGHTITY COMPUNI (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on Jync 11, 2013 (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:
DJS LOGISTIC LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/10/10. (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.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 12 day of OCTOBEY	_ 20 <u>\(</u> 0			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: June Printed Name: 5HAJO OJILIC	vajo Gilic Title: President			
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature: Judso Lilic. Printed Name: SHAJO DICIC	Title: PYRSICILYIT			
Signature:Printed Name:				
Signature:Printed Name:	Title:			
Signature:				
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title			
Timed Hame.				
Signature:Printed Name:	Title			
Trined Hame.	Title:			
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 Signature of one General Partner.	ty Partnership:			
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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the	the principal office of the Limited Liability Company i	s:
Principal Office Address:	Mailing Address:	
5888 WIND CAVE Lane Jacksonville, FL132258	5888 Wind Cave Lane Jacksonville, FL, 32258	
	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
The name and the Florida street address of	the registered agent are:	
5888 Wind	Name COVE LUNC (P.O. Box NOT acceptable) FL 32258 Zip	, -
liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp	and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment accepacity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with a as registered agent as provided for in Chapter 605, F.S.	s of al nd

(CONTINUED)

Page 1 of 2

Company: Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
<u> </u>	Smalo Dillic 5888 Wind cave Lane		
	JOLKSONVILLE, FL, 32258		
(Use attachment if necessary)			
(If an effective date is listed, the date mu to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior et the applicable statutory filing requirements, this date will not be listed as the te's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	aio Rilic		
This document is executed in I am aware that any false info	ber or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. permation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.		
SM	1010 Dilic		
	Typed or printed name of signee		

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)