L1700024229

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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T. SCOTT



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January 25, 2017

HERMINO GONZALEZ P.O. BOX 942481 MIAMI, FL 33194

SUBJECT: AURORA S TRANSPORT LLC

Ref. Number: W17000004837

We have received your document for AURORA S TRANSPORT 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.

The Certificate of Conversion must be signed by an authorized person.

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) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 217A00001276

Division of Company in a DO DOY 6297 Wellshames Elevide 2021

January 25, 2017

HERMINO GONZALEZ P.O. BOX 942481 MIAMI, FL 33194

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+ NEXT, - PREV, 1. MENU, 2. FILING
7. LIST, B. NEXT FILING ON LIST, 9. PREV FILING ON LIST ENTER SELECTION AND CR:

COVER LETTER

TO:	Registration S Division of C							
SHR		A'S TRANSPORT LLC						
SOD	JEC 1.	(Name of Res	ulting Florida Limi	ted Cor	mpany)	 ·		
		s of Conversion, Artic o a "Florida Limited Li						ther
Pleas	e return all corr	espondence concernin	g this matter to:					
HERN	MINO LUNA							
		(Contact Person)		~		=	2	
AURO	ORA'S TRANSPO	RT LLC						ŭ
		(Firm/Company)		-			JAN.	1
8005	NW 8TH STREET	#315				ASS VSS	30	e e
		(Address)		-		m	70	
MIAN	ЛI, FL 33126							
	(1	City, State and Zip Code)		-		表表。 [D] [A]	2017 JAN 30 PM 5: 39	•
E-	mail Address: (to b	e used for future annual re	port notifications)	-				
For fi	urther informati	on concerning this ma	tter, please call:					
HERN	MINO LUNA		_at (⁷⁸⁶	367-€	6365			
	(Name of Conta	act Person)	(Area Code) (Day	ytime Telephone Number)	 		
		for the following amou a bank located in the	•	roces	sed by this office mus	st be payab	ile in	US
(\$25 for \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STR	EET ADDRES	S:	MAIL	ING A	ADDRESS:			
_	stration Section		_		Section			
	ion of Corporat	ions			Corporations			
	on Building Executive Cent	er Circle	P. O. E Tallaha		FL 32314			

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 Articles of CAURORA'S TRANSPORT INC	Conversion is:
(Enter Name of Other Business Entity)	•
2. The "Other Business Entity" is a	
(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 idate of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the control of the co	f the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	Organization:
AURORA'S TRANSPORT LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 01-20-17	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 d date this document is filed by the Florida Department of State; AND 2) must be the same 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 document's effective date on the Department of State's records.	as the effective
5. The plan of conversion has been approved in accordance with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal right which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	its the amount to

Signed this 20TH	day of JAN	20_17	
Signature of Authoriz	zed Representative of	f Limited Liability Company:	
Signature of Authorize	ed Representative	Title: MGR	
	1	itity: [See below for required signature	e(s)]
Signature X Her	in 1 cm	. ^L	
Printed Name: HERMIN	IIO LUNA	Title: MGR	,
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida Corporation	<u>1:</u>		
Signature of Chairman.		or, or Officer. , an Incorporator must sign.	
		• •	
If Florida General Par Signature of one General		Liability Partnership:	
If Florida Limited Par Signatures of ALL Gen		.iability Limited Partnership:	
All others: Signature of an authoriz	zed person.	-	
Fces:			
Articles of Con Fees for Florida Certified Copy: Certificate of S	a Articles of Organizat	\$25.00 tion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	lame: Limited Liability Compa	any ic		
The name of the	Emitted Liability Compa	ally is.		
AURORA'S TRAN	ISPORT LLC			
((Must end with the words "Limite	d Liability Company, "L	L.C" or "LLC.")	
ARTICLE II	Address:			
The mailing add	ress and street address of	the principal office	e of the Limited Liability Con	apany is
Principal Office	e Address:	Mailing A	ddress:	•
8005 NW 8TH STF	REET #315	P.O. BOX 94	42481	
MIAMI, FL 33126		MIAMI, FL	33194	
(The Limited Liability business entity with	Registered Agent, Registration.) The Florida street address of the	n Registered Agent, You	Registered Agent's Signature must designate an individual or another ent are:	::
	HERMINIO LUNA			
		Name		
	8005 NW 8TH STREET	' 315		
	Florida street address	s (P.O. Box NOT a	acceptable)	
	MIAMI	FL 33126	6	
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

17.16.4.31 PM 1:50.

P.O. BO	NIO LUNA DX 942481 , FL 33194			
P.O. BO	X 942481			-
MIAM	, FL 33194			
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VI: Other provisions, if any.	statutory filing	g requiremen		PTIONAL) usiness day vill not be Est
frective date on the Department of State's records.	statutory filing	g requiremen		usiness day
OUIRED SIGNATURE:			ts. this date w	usiness day
VI: Other provisions, if any.	horized rep n section 605.0 d in a docume	resentativ 1203 (1) (b), int to the Dep	ts. this date w	usiness day vill not be list
OUIRED SIGNATURE: Signature of a member or an aut This document is executed in accordance with a may are that any false information submittee.	horized rep n section 605.0 d in a docume	resentativ 1203 (1) (b), int to the Dep	ts. this date w	usiness day vill not be list
OUIRED SIGNATURE: Signature of a member or an aut This document is executed in accordance wit I am aware that any false information submitte constitutes a third degree felony as provided f HERMINIO LUNA Typed or print	horized rep n section 605.0 d in a docume or in s.817.155	resentativ 1203 (1) (b), nt to the Dep i, F.S.	ts. this date w	usiness day vill not be list

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

ARTICLE IV-