L17000039940

(Requestor's Name	e)
(Address)	
(Address)	
(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Numbe	er)
Certified Copies Certificat	tes of Status
Special Instructions to Filing Officer:	<u></u>

Office Use Only



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02/21/17--01025--009 **150.00



V HERRING FEB 22 2017

COVER LETTER

Division of	Corporations			
SUBJECT: CLASIC	CO TRUCK CORP			
		sulting Florida Limit	ed Con	npany)
The enclosed Articl Business Entity" int	es of Conversion, Artic to a "Florida Limited L	eles of Organizati iability Company	on, an " in a	nd fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	g this matter to:		
LEYDIS HERNANDE	Z			
	(Contact Person)		•	
1 STOP TRUCK SERV	VICES INC			
	(Firm/Company)		,	
13155 W OKEECHOB	EE RD UNIT 103			
	(Address)		•	
HIALEAH GARDENS	5. FL 33018			
	(City, State and Zip Code)			
lstoptruckservices@gn	nail.com			
E-mail Address: (to	be used for future annual re	eport notifications)		
For further informat	tion concerning this ma	itter, please call:		
LEYDIS HERNANDE	Z	at (³⁰⁵	6037	757
(Name of Con	tact Person)	(Area Code)	(Day	ytime Telephone Number)
	for the following amount a bank located in the		rocess	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	_	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES				ADDRESS:
Registration Section		_		Section
Division of Corpora Clifton Building	itions	Divisio P. O. B		Corporations
2661 Executive Cer	nter Circle			FL 32314

Tallahassee, FL 32301

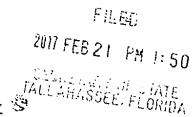
Articles of Conversion

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 Conversion is: CLASICO TRUCK CORP 26-87470
(Enter Name of Other Business Entity)
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
10/28/2016 (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 CLASICO TRUCK LLC
(Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: 2/2/2017

Page 1 of 2

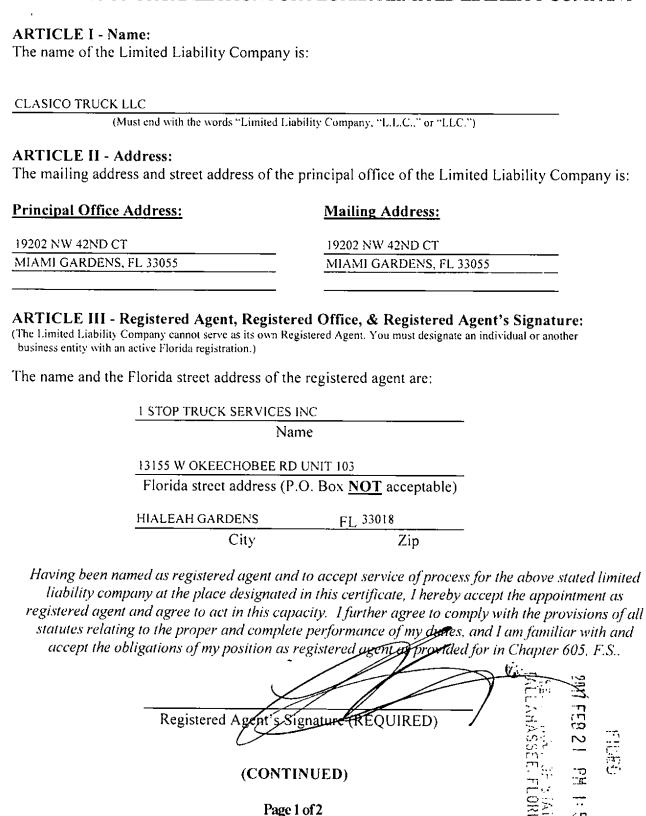
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

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

Signed this 2	day of FEBRUARY	20_2017	
Signature of Autl	horized Representative of Lim	ited Liability Company:	FILEU 2017 555
Signature of Author	orized Representative:		CON FEB 21 PH 1: 50
Signature(s) on be	chalf of Other Business Entity:	See below for required sig	nature(s)]
Signature:	E.		
Printed Name: VIA	DIMIR SAHADA	Title: PRESIDENT	
Signature		. <u> </u>	 .
Printed Name:		Title:	
Signature:		·	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida Corpor		Officer	
	man, Vice Chairman, Director, or cers have not been selected, an In		
If Florida Comara	1 Danés analista an 1 (m. 14. d. 1 (m. 141)	Zer Danzer auch !	
Signature of one G	<u>l Partnership or Limited Liabili</u> eneral Partner.	ny Parinersnip:	
If Florida Limited Signatures of ALL	l Partnership or Limited Liabili General Partners.	ty Limited Partnership:	
All others: Signature of an aut	horized person.		
Fees:			
		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE IV-			
The name and address of each	person authorized to	manage and	contro

ol the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	VI ADIMID CAHADA		
WIGK	VLADIMIR SAHADA 19202 NW 42ND CT	-	
	MIAMI GARDENS, FL 33055	-	
	MINIAN GARBERS, LE 93033		
	Vi —	N-3	
		- 017	
	مرز مولا المراجعة		
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		_	
If an effective date is listed, the date mus o or 90 days after the date of filing.)	the date of filing: . (OPTION of the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be specifically and cannot be specific and canno	ess days prio	
			
<u>REQUIRED</u> SIGNATURE:	fe		
This document is executed in I am aware that any false infor	ver or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.	<u>.</u>	
VLADIMIR SAHADA			

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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