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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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17 MAY -8 AM II: 31

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COVER LETTER

| Division of Co | | | | |
|---|--|--|--------|---|
| SUBJECT: GABY TR | ANSPORTATION LLC | | | |
| | (Name of Res | ulting Florida Limite | d Com | pany) |
| | | | | I fees are submitted to convert an "Other cordance with s. 605.1045, F.S. |
| Please return all corre | espondence concerning | g this matter to: | | |
| GUILLERMO A MeLEO | od)// | | | |
| | (Confect Person) | | | |
| 11 | (Firm/Company) | | | |
| 4926 CASA VISTA DR | (A.J.J.,) | | | |
| ORLANDO, FL 32837 | (Address) | | | |
| | Y. C | | | |
| | City, State and Zip Code) | | | |
| GMCLEOD61@AOL.CO | | | | |
| E-mail Address: (to be | e used for future annual rep | port notifications) | | |
| For further information | on concerning this mat | ter, please call: | | |
| GUILLERMO A MCLEO | OD . | _at (407) | 803-27 | 779 |
| (Name of Conta | ct Person) | (Area Code) | (Dayt | ime Telephone Number) |
| | or the following amou a bank located in the | | ocesso | ed by this office must be payable in US |
| S \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing F and Certified Copy | | □\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS | S: | MAILI | NG A | DDRESS: |
| New Filing Section | | New Fil | | |
| Division of Corporati | ons | | | orporations |
| Clifton Building | | P. O. Bo | | |
| 2661 Executive Center | er | Tallahas | see, F | L 32314 |

32301

Circle Tallahassee, FL

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

17. MAY -8 AMIL:

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.

| 1. The name of the "Other Business Entit GABY TRANSPORTATION INC | ty" immediately prior to the filing of the Articles of Conversion is: |
|---|--|
| (Enter Name | e of Other Business Entity) |
| 2. The "Other Business Entity" is a INC | |
| (Enter | entity type. Example: corporation, limited partnership, neral partnership, common law or business trust, etc.) |
| First organized, formed or incorporated un | nder the laws of FL |
| 03/20/2003 | (Enter state, or if a non-U.S. entity, the name of the country) |
| (date of organization, formation or incorporat | ion) |
| 3. The name of the Florida Limited Liabi | ility Company as set forth in the attached Articles of Organization: |
| GABY TRANSPORTATION, LLC | |
| (Enter Name of Flori | ida Limited Liability Company) |
| 4. If not effective on the date of filing, en | nter the effective date: |
| (The effective date: 1) cannot be prior | to date of receipt or filed date nor more than 90 calendar days |
| after the date this document is filed by | the Florida Department of State; AND 2) must be the same as |
| | Articles of Organization, if an effective date is listed therein.) |
| Note: If the date inserted in this block does not m document's effective date on the Department of St | neet the applicable statutory filing requirements, this date will not be listed as the tate's records. |
| 5. The plan of conversion has been approve | ved 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 I day of MAY | 2017 |
|---|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative Printed Name: GUILLERMO A. McLEOD | Title: MEMBER |
| Signature(s) on behalf of Other Business Entity: | / |
| Signature: Printed Name: GUILLERMO A McLEOD | 1 01(|
| Printed Name: GUILLERMO A McLEOD | Title: PRESIDENT |
| Signature: | Tial |
| Printed Name: | _ rwe: |
| Signature:Printed Name: | |
| | |
| Signature; Printed Name: | |
| Signature: | |
| Printed Name: | |
| Signature: | |
| Printed Name: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| 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) |

HAY -8 AM II:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| GABY TRANSPOR | | bility Company, "L.L.C.," or "LLC.") | |
|--|---|---|-------------------------------|
| ζ | ids contain the words Emilion En | omy company, E.E.C., or Elec. | |
| ARTICLE II - A | | a main aine l'action act de l'imite d'I | inhilite Community |
| i ne maiting addr | ess and street address of th | e principal office of the Limited L | lability Company is: |
| Principal Office | Address: | Mailing Address: | |
| 4926 CASA VISTA | DR | 4926 CASA VISTA DR | |
| | | OBLANDO EL MONE | |
| ARTICLE III - The Limited Liability | Registered Agent, Registe | ORLANDO, FL 32837 ered Office, & Registered Agent ³ degistered Agent. You must designate an indiv | s Signature: idual or another |
| ARTICLE III - The Limited Liability business entity with a | Registered Agent, Registe Company cannot serve as its own R | ered Office, & Registered Agent' tegistered Agent. You must designate an indiv | ridual or another |
| ARTICLE III - The Limited Liability business entity with a | Registered Agent, Registe Company cannot serve as its own R in active Florida registration.) | ered Office, & Registered Agent' tegistered Agent. You must designate an indiv | ridual or another |
| ARTICLE III - The Limited Liability business entity with a | Registered Agent, Registe Company cannot serve as its own R in active Florida registration.) e Florida street address of t GUILLERMO A McLEOD | ered Office, & Registered Agent' tegistered Agent. You must designate an indiv | ridual or another |
| The Limited Liability business entity with a | Registered Agent, Registe Company cannot serve as its own R in active Florida registration.) e Florida street address of t GUILLERMO A McLEOD | ered Office, & Registered Agent' tegistered Agent. You must designate an indivi | idual or another |
| ARTICLE III - The Limited Liability business entity with a | Registered Agent, Registered Company cannot serve as its own R in active Florida registration.) e Florida street address of t GUILLERMO A McLEOD N 4926 CASA VISTA DR | ered Office, & Registered Agent' tegistered Agent. You must designate an indivi | idual or another |
| ARTICLE III - The Limited Liability business entity with a | Registered Agent, Registered Company cannot serve as its own R in active Florida registration.) e Florida street address of t GUILLERMO A McLEOD N 4926 CASA VISTA DR | ered Office, & Registered Agent ¹ degistered Agent. You must designate an individue he registered agent are: | ridual or another |

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)

| A | DT | TCI | W |
|---|----|-----|-----------|
| - | | | . v . |

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

| Title: | Name and Address: | |
|---|---|-----------------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager MGE | GUILLERMO A McLEOD | |
| MGE | 3926 CASA VISTA DR | |
| | ORLANDO, FL 32837 | |
| | - N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | |
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| (Use attachment if necessary) | | |
| to or 90 calendar days after the date If the date inserted in this block does not meet tent's effective date on the Department of State | the applicable statutory filing requirements, this date will not be | listed a |
| ICLE VI: Other provisions, if any. | | |
| | | |
| | | |
| | | _ |
| REQUIRED SIGNATURE: | Shudrod | |
| Signature of a memb | er or an authorized representative of a member. | |
| Signature of a member This document is executed in a lam aware that any false information. | er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S. | |
| Signature of a member This document is executed in a lam aware that any false information constitutes a third degree felonic | accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S. | |
| Signature of a member This document is executed in a lam aware that any false information constitutes a third degree felon GUILLERMO A McLEO | accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S. | |
| Signature of a member This document is executed in a lam aware that any false information constitutes a third degree felon GUILLERMO A McLEO | accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S. | |

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