# L17000128269

| (Re                                     | equestor's Name)   | <del>. , </del> |  |  |
|-----------------------------------------|--------------------|-----------------|--|--|
| (Ad                                     | ldress)            |                 |  |  |
| (Ad                                     | ldress)            |                 |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)            |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL            |  |  |
| (Bu                                     | siness Entity Nar  | me)             |  |  |
| (Document Number)                       |                    |                 |  |  |
| Certified Copies                        | _ Certificates     | s of Status     |  |  |
| Special Instructions to Filing Officer: |                    |                 |  |  |
|                                         |                    |                 |  |  |
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Office Use Only



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SLORGIARY OF STATE
WALL WHASSEF, FI OF MEAN

JUN 1 3 2017 T SCHROEDER



(501) 377-0360

trobertson@roselawfirm.com

June 8, 2017

### **VIA FEDERAL EXPRESS:**

Division of Corporations
Attn: New Filing Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Request to file Articles of Conversion for Other Business Entity

into Florida LLC and Articles of Organization

Our File No.: 078097-20

To Whom It May Concern:

Enclosed please find the original and one (1) copy of the Articles of Conversion for Other Business Entity into Florida LLC and Articles of Organization, to be filed in your office on behalf of Star Freight. I have enclosed a Firm check for \$150.00 for the filing fee.

Please have your office return to me a file-marked copy of the above document. I have enclosed a self-addressed, pre-paid FedEx envelope for your office's convenience.

Should you have any questions regarding this request, please feel free to contact me at 501-377-0360.

Sincerely,

eresa Robertson, Paralegal

TDR/s Enclosures cc: file

# 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.

|                                                                                          | (Enter Name of Other Business Entity)                                                                                                                                                                                                                                                                                                 |    |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 2. The "Other Business Entit                                                             | " is a limited liability company                                                                                                                                                                                                                                                                                                      |    |
|                                                                                          | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)                                                                                                                                                                                                               |    |
| First organized, formed or inc                                                           | orporated under the laws of Arkansas                                                                                                                                                                                                                                                                                                  |    |
| August 8, 2008                                                                           | (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 L                                                             | mited Liability Company as set forth in the attached Articles of Organization                                                                                                                                                                                                                                                         | n  |
| Star Freight of Florida, LLC                                                             |                                                                                                                                                                                                                                                                                                                                       |    |
| (Enter                                                                                   | Name of Florida Limited Liability Company)                                                                                                                                                                                                                                                                                            |    |
| 4. If not effective on the date                                                          | of filing, enter the effective date:                                                                                                                                                                                                                                                                                                  |    |
| (The effective date: 1) cannafter the date this documen the effective date listed in the | ot be prior to date of receipt or filed date nor more than 90 calendar days is filed by the Florida Department of State; AND 2) must be the same as e attached Articles of Organization, if an effective date is listed therein.) ock does not meet the applicable statutory filing requirements, this date will not be listed as the |    |
| 5. The plan of conversion has                                                            | been approved in accordance with all applicable statutes.                                                                                                                                                                                                                                                                             |    |
|                                                                                          | siness Entity" has agreed to pay any members having appraisal rights the amount titled under ss. 605.1006 and 605.1061-605.1072, F.S.                                                                                                                                                                                                 | to |
|                                                                                          |                                                                                                                                                                                                                                                                                                                                       |    |

| Signed this 31 day of May                                                                                 | 20_17                                                          |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Signature of Authorized Representative of Lim                                                             | ited Liability Company:                                        |
| Signature of Authorized Representative:Printed Name: James G. Salmon                                      | JG&L.                                                          |
| Signature(s) on behalf of Other Business Entity:                                                          |                                                                |
| Signature: John                                                                                           |                                                                |
| Printed Name: James G. Salmon                                                                             | Title: Member                                                  |
| Signature: All No. 1 Stew                                                                                 |                                                                |
| Printed Name: Jeffrey N. Boone                                                                            | Title: Member                                                  |
| Signatura                                                                                                 |                                                                |
| Signature: Printed Name:                                                                                  | Title:                                                         |
|                                                                                                           |                                                                |
| Signature: Printed Name:                                                                                  | Title                                                          |
| Timed Name.                                                                                               |                                                                |
| Signature:Printed Name:                                                                                   |                                                                |
| Printed Name:                                                                                             | Title:                                                         |
| Signature:                                                                                                |                                                                |
| Signature: Printed Name:                                                                                  | Title:                                                         |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or                                |                                                                |
| If Directors or Officers have not been selected, an In                                                    | corporator must sign.                                          |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.                       | ty Partnership:                                                |
| If Florida Limited Partnership or Limited Liabili 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<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the l                                           | ame:<br>Limited Liability Company                                                                                                                                                                     | is:                                                                                                                                                              |  |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Star Freight of Flori                                       |                                                                                                                                                                                                       |                                                                                                                                                                  |  |
| (M                                                          | fust contain the words "Limited Liab                                                                                                                                                                  | oility Company, "L.L.C.," or "LLC.")                                                                                                                             |  |
| ARTICLE II - A                                              | Address:                                                                                                                                                                                              |                                                                                                                                                                  |  |
| The mailing addr                                            | ess and street address of the                                                                                                                                                                         | principal office of the Limited Liability Company i                                                                                                              |  |
| Principal Office                                            | Address:                                                                                                                                                                                              | Mailing Address:                                                                                                                                                 |  |
| 557 West Plant Stree                                        | et                                                                                                                                                                                                    | 557 West Plant Street                                                                                                                                            |  |
| Winter Garden, FL 34787                                     |                                                                                                                                                                                                       | Winter Garden, FL 34787                                                                                                                                          |  |
|                                                             |                                                                                                                                                                                                       |                                                                                                                                                                  |  |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Registe Company cannot serve as its own R n active Florida registration.) e Florida street address of the                                                                           | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another                                                         |  |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Registe Company cannot serve as its own R n active Florida registration.) E Florida street address of the James G. Salmon                                                           | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another                                                         |  |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Registe Company cannot serve as its own R n active Florida registration.)  E Florida street address of the James G. Salmon  No.  557 West Plant Street                              | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:                                |  |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Registe Company cannot serve as its own R n active Florida registration.)  E Florida street address of the James G. Salmon  No.  557 West Plant Street                              | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:                                |  |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Registe Company cannot serve as its own R n active Florida registration.)  E Florida street address of the James G. Salmon  No.  557 West Plant Street                              | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:                                |  |
| ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Registe Company cannot serve as its own R n active Florida registration.)  E Florida street address of the  James G. Salmon  No.  557 West Plant Street  Florida street address (1) | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:  ame  P.O. Box NOT acceptable) |  |

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)

TACLANASSEE FINANCE

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### ARTICLE IV-

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

|                                         | <u>Title:</u> "AMBR" = Authorized Member                                    | Name and Address:                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|-----------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                         | "MGR" = Manager                                                             |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                         | Member                                                                      | James G. Salmon                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| *************************************** |                                                                             | 557 West Plant Street                                                                                      | 557 West Plant Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                         |                                                                             | Winter Garden, FL 34787                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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|                                         | Member                                                                      | Jeffrey N. Boone                                                                                           | F-6 & -479                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|                                         |                                                                             | 3809 Round Top Road                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                         |                                                                             | North Little Rock, AR 72117                                                                                | 6 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
|                                         |                                                                             |                                                                                                            | THE PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
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|                                         |                                                                             |                                                                                                            | 50 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
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|                                         | (Use attachment if necessary)                                               |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| ARTI                                    | CLE V: Effective date, if other than                                        | the date of filing:                                                                                        | . (OPTIONAL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| (If an<br>prior<br><u>Note:</u>         | effective date is listed, the date m<br>to or 90 calendar days after the da | ust be specific and cannot be more t<br>te of filing.)<br>et the applicable statutory filing requirements, | han five business days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| ARTI                                    | CLE VI: Other provisions, if any.                                           |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                         | REQUIRED SIGNATURE:                                                         | \ CAZ                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                         |                                                                             | ber or an authorized representative                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |

James G. Salmon

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees

I am aware that any false information submitted in a document to the Department of State

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