617000154495

(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:
Special instructions to 1 ming Officer.

Office Use Only



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06/26/17--01027--020 **150.00

17 JUL 18 AH 10: 25

V153M

T. BURCH JUL 1 8 2017

COVER LETTER

Division of C	Corporations			
SUBJECT: Capital	Transportation Group, LL	С		
SOBJECT.	(Name of Re	sulting Florida Limi	ted Cor	mpany)
				nd fees are submitted to convert an "Othe eccordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Kimberly Stephens				
	(Contact Person)		_	
Capital Transportation G	roup, LLC			
	(Firm/Company)		-	
P.O. Box 151				
	(Address)		-	
Estero, FL 33929				
((City, State and Zip Code)		-	
Kim.Stephens@ctgFreig	ht.com			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
Kimberly Stephens		at (²³⁹	208-0	385
(Name of Conta	ict Person)	_ \	(Day	rtime Telephone Number)
	or the following amou a bank located in the		process	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 and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAIL	ING A	ADDRESS:
New Filing Section		New Filing Section		
Division of Corporati	ions			Corporations
Clifton Building		P. O. Box 6327		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO: New Filing Section



June 27, 2017

KIMBERLY STEPHENS PO BOX 151 ESTERO, FL 33929

SUBJECT: CAPITAL TRANSPORTATION GROUP, LLC

Ref. Number: W17000053344

We have received your document for CAPITAL TRANSPORTATION GROUP, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Letter Number: 017A00013005

Tim Burch Regulatory Specialist III

www.sunbiz.org

17 JUL 18 AN 10: 25

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: Capital Transportation Group, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Partnership M16-132 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
04/08/2015
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Capital Transportation Group, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: June 28, 2017
(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 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 thi	s 22 day of June	20_17
Signature	of Authorized Representative of	f Limited Liability Company:
Signature Printed Na	of Authorized Representative: me: Kimberly Stephens	industry A Atentono Title: Co Owner
Signature	(s) on behalf of Other Business E.	ntity: [See below for required signature(s)]
Signature:	Mulson	Title: _Co Owner
Printed Na	me: Marcus Stephens	Title: Co Owner
Signature:		
Printed Na	me:	Title:
Signature:		
Printed Na	me;	Title:
Signature:		mu.
Printed Na	me:	Title:
Signature:		
Printed Na	me:	Title:
Signature:	<u> </u>	
Printed Na	me:	Title:
Signature of If Directors	Corporation: of Chairman, Vice Chairman, Directs or Officers have not been selected General Partnership or Limited 1	, an Incorporator must sign.
	of one General Partner.	Liability Farthersing:
If Florida Signatures	Limited Partnership or Limited I of ALL General Partners.	Liability Limited Partnership:
All others: Signature o	: f an authorized person.	
Fees:		
Fed Cei	icles of Conversion: es for Florida Articles of Organiza rtified Copy: rtificate of Status:	\$25.00 tion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(**143	ortation Group, LLC t contain the words "Limited Liz	ability Company,	"L.L.C.," or "LLC.")
			,
ARTICLE II - Address: The mailing address and st	reet address of the principal offic	ce of the Limited	Liability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
202 <u>65</u> Royal V	illagio Ct.	P.O.	. Box 151
Unit 202			ro, FL 33929
Estero, FL 339	28		
The Limited Liability Cornother business entity with	ed Agent, Registered Office, & npany cannot serve as its own Roth an active Florida registration.	egistered Agent. '	nt's Signature: You must designate an individual or
The Limited Liability Cor mother business entity with	ed Agent, Registered Office, & npany cannot serve as its own Reth an active Florida registration.	egistered Agent. ') gent are:	
The Limited Liability Cor another business entity with	ed Agent, Registered Office, & mpany cannot serve as its own Reth an active Florida registration. Street address of the registered and Northrop Financial Gro	egistered Agent. ') gent are:	
The Limited Liability Cor another business entity with	ed Agent, Registered Office, & mpany cannot serve as its own Reth an active Florida registration. Street address of the registered and Northrop Financial Gro	egistered Agent.) gent are: oup Name	
The Limited Liability Cor another business entity with	ed Agent, Registered Office, & mpany cannot serve as its own Reth an active Florida registration. Street address of the registered at Northrop Financial Gro	egistered Agent.) gent are: oup Name ss Pkwy , Suite 2	You must designate an individual or
The Limited Liability Cor another business entity with	ed Agent, Registered Office, & npany cannot serve as its own Reth an active Florida registration. street address of the registered an Northrop Financial Gro	egistered Agent.) gent are: oup Name ss Pkwy , Suite 2	You must designate an individual or

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Kimberly Stephens	
 	20265 Royal Villagio Ct., Unit 202	
	Estero, FL 33928	
AMBR	Marcus Stephens	
	20265 Royal Villagio Ct., Unit 202	
	Estero, FL 33928	
	# · · · · · · · · · · · · · · · · · · ·	
		
		<u>-11</u>
	<u> </u>	<u></u> ,
	-	~
	: : : : : : : : : : : : : : : : : : :	
(Use attachment if necessary)	•	
an effective date is listed, the date mus or 90 days after the date of filing.) te: If the date inserted in this block does not mee ument's effective date on the Department of State	t the applicable statutory filing requirements, this date will not be e's records.	lays prio
RTICLE VI: Other provisions, if any.		_
REQUIRED SIGNATURE:		
	Stankeno	
Limberly	Stopleno	_
Signature of a memb	er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.	
Signature of a memb This document is executed in I am aware that any false infor	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	_
Signature of a memb This document is executed in I am aware that any false infor	er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.	_
Signature of a memb This document is executed in I am aware that any false infor	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	

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)