## L17000160345

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



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T. BURCH

## COVER LETTER

|  | ng Section<br>of Corporations                        |  |   |
|--|--|--|---|
| SURJECT: W. C  | Chavers Trucking, LLC                                |  |   |
| 30bar.cr   | (Name of Re  | sulting Florida Limited                    | Company)  |
|  |  | -  | , and fees are submitted to convert an "Other n accordance with s. 605.1045, F.S. |
| Please return all  | correspondence concernir                             | ng this matter to:                         |   |
| Wilfred Chavers  |  |  |   |
|  | (Contact Person)                                     |  |   |
| W. Chavers Truckin   | ig, LLC  |  |   |
|  | (Firm/Company)                                       |  |   |
| 92 Cannon Quarters   | Road   |  |   |
|  | (Address)  |  |   |
| Quincy, FL 35352   |  |  |   |
|  | (City, State and Zip Code)                           |  |   |
| dcchavers@tds.net  |  |  |   |
| E-mail Address:  | (to be used for future annual re                     | eport notifications)                       |   |
| For further inform   | mation concerning this ma                            | atter, please call:                        |   |
| Wilfred Chavers  |  | at (850)5                                  | 28-9055   |
| (Name of C   | Contact Person)                                      | (Area Code) (                              | Daytime Telephone Number)   |
|  | ck for the following amount on a bank located in the | •  | cessed by this office must be payable in US                                       |
| \$150.00 Filing For (\$25 for Conversion & \$125 for Articles of Organization) | <del>-</del>   | ☐\$180.00 Filing Fee<br>and Certified Copy | <del>-</del>  |
| STREET ADDR  | RESS:  | MAILING                                    | G ADDRESS:  |
| New Filing Section   |  | New Filin                                  | <del>-</del>  |
| Division of Corpo  | orations   |  | of Corporations   |
| Clifton Building 2661 Executive C  | Santar Cirola  | P. O. Box                                  | 6327<br>ee, FL 32314  |
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Tallahassee, FL 32301

## Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

17 JUL 26 AH 10: 21

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.

| W. Chavers, Trucking, Inc   |
|---|
| (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   |
| on October 11, 2013  (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: W. Chavers Trucking, 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) 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 this 26th day of June                            | 20_17                                 |
|---|---------------------------------------|
| Signature of Authorized Representative of Lim           | ited Liability Company:               |
|   | Led Clay so                           |
| Signature of Authorized Representative:                 | THE CITY OF                           |
| Signature of Authorized Representative: Wilfred Chavers | Title: President                      |
| Signature(s) on behalf of Other Business Entity:        | [See below for required signature(s)] |
| Signature: Willred Claver                               |                                       |
| Printed Name: Wilfred Chavers                           | Title: President                      |
| Triffice Ivanic.  | Tide:                                 |
| Signature:  |                                       |
| Signature:Printed Name:                                 | Title:                                |
|   |                                       |
| Signature:  |                                       |
| Signature:Printed Name:                                 | Title:                                |
|   |                                       |
| Signature:Printed Name:                                 |                                       |
| Printed Name:   | Title:                                |
|   |                                       |
| Signature: Printed Name:                                |                                       |
| Printed Name:   | Title:                                |
| or.   |                                       |
| Signature: Printed Name:                                | 75.1                                  |
| Printed Name:   | I itle:                               |
| If Florida Corporation:                                 |                                       |
| Signature of Chairman, Vice Chairman, Director, or      | Officer.                              |
| If Directors or Officers have not been selected, an In  |                                       |
|   |                                       |
| If Florida General Partnership or Limited Liabili       | it <u>y Partnership:</u>              |
| Signature of one General Partner.                       |                                       |
|   |                                       |
| If Florida Limited Partnership or Limited Liabili       |                                       |
| Signatures of ALL General Partners.                     |                                       |
|   |                                       |
| All others:   |                                       |
| Signature of an authorized person.                      |                                       |
| Fees:   |                                       |
| Articles of Conversion:                                 | \$25.00                               |
|   | \$25.00<br>\$125.00                   |
| Fees for Florida Articles of Organization:              |                                       |
| Certified Copy:   | \$30.00 (Optional)                    |
| Certificate of Status:                                  | \$5.00 (Optional)                     |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| W. Chavers Trucking, LLC                                   | e words "Limited Liability Company, "L.L.C" or "Ll.C.")                 |                          |
|--|---|--------------------------|
| (Stust Contain the   | e words (mined thatminy company, 15,15,05, or 15,05, )                  |                          |
| ARTICLE II - Address:                                      |   |                          |
| The mailing address and stre                               | eet address of the principal office of the Limit                        | ed Liability Company is: |
| Principal Office Address:                                  | Mailing Address:  |                          |
| 92 Cannon Quarters Road                                    | 92 Cannon Quarters Road   |                          |
| Quincy, FL 35352   | Quincy, FL 35352  |                          |
|  |   | <del></del>              |
| <ul> <li>business entity with an active Florida</li> </ul> | a registration.)  | individual or another    |
| The name and the Florida str                               | reet address of the registered agent are:                               |                          |
| The name and the Florida str                               | reet address of the registered agent are:                               |                          |
| The name and the Florida str                               | reet address of the registered agent are:                               |                          |
| The name and the Florida str  Denise Ch  92 Canno          | reet address of the registered agent are:  navers  Name                 |                          |
| The name and the Florida str  Denise Ch  92 Canno          | navers  Name  On Quaters Road   |                          |
| The name and the Florida str  Denise Ch  92 Canno Florida  | navers  Name  on Quaters Road  street address (P.O. Box NOT acceptable) |                          |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| "AMBR" = Authorized Member  | Name and Address:  |             |
|---|--|-------------|
|   |  |             |
| "MGR" = Manager<br>MGR  | Wilfred Chavers  |             |
| SIGK  | 92 Cannon Quarters Road  | _           |
|   | Quincy, FL 35352   | -           |
|   |  | -           |
|   |  | -           |
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|   | *•·  |             |
|   |  |             |
| (Use attachment if necessary)   | <b>~</b> 21 ~ ~ ~  |             |
| CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  | ne date of filing: 7-21-2017 . (OPTIC<br>t be specific and cannot be more than five busine<br>the applicable statutory filing requirements, this date will no<br>is records. | ess day     |
| CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State   | t be specific and cannot be more than five busine<br>the applicable statutory filing requirements, this date will no   | ess day     |
| CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet not's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Walfred C | the applicable statutory filing requirements, this date will no 's records.  | ess day     |

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

ARTICLE IV-

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)

Typed or printed name of signee

Wilfred Chavers