## 117000180990

(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:

Office Use Only



100300778601

100300778801 08/22/17--01033--001 \*\*150.00

17 AUS 23 AN 9:58

AUG 2 4 2017 T SCHROEDER

## COVER LETTER

Division of (	Corporations		
SUBJECT: HABAN	A TRUCKING LLC		
	(Name of Re	sulting Florida Limited Cor	mpany)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	cles of Organization, ar liability Company" in a	nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please return all corn	respondence concernir	ng this matter to:	
OSMEL NUNEZ			
	(Contact Person)		
	(Firm/Company)		
3001 NW 86 ST	<del> </del>		
	(Address)		
MIAMI, FL 33147			
(	City, State and Zip Code)		
	be used for future annual re		
(Name of Cont	act Person)	_at ()	ytime Telephone Number)
Enclosed is a check	,	ınt: (All checks proces	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRES New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	MAILING A New Filing S Division of C P. O. Box 63 Tallahassee,	ection Corporations 27

. TO: New Filing Section

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

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 Entity" immediately prior to the filing of the HABANA TRUCKING LLC	Articles of Conversion is:
(Enter Name of Other Business Entity)	<del></del> ·
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	
(Enter entity type. Example: corporation, limited partnership, general partnership,	common law or business trust, etc.)
First organized, formed or incorporated under the laws of(Enter state, or if a non-U.S. ent	
on 3/4/16 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. enter state, or if a non-U.S. ente	ity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached HABANA TRUCKING LLC	d Articles of Organization:
(Enter Name of Florida Limited Liability Company)	·
4. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to date of receipt or filed date nor more the date this document is filed by the Florida Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, 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 stat	tutes.
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	appraisal rights the amount to
	17 AUS 23

Signe	d this 10	day of <u>AUGUST</u>	20_	<u> 17 · .</u>	
Siona	ture of Autho	orized Representative of	Limited I	iability Company	
Signat Printed	ture of Author d Name: <u>OSME</u>	ized Representative: X L NUNEZ	Titl	le: MGR	_
Signat	ture(s) on beh	alf of Other Business En	tity:  See b	elow for required signature(s)	
Printer	ure:	(1)	T Tiel	le:	_
	u : чапте	Hodi	-U. IIII	le:	_
Signat	ure:		HYPKKIA	T	
Printed	d Name:		Titl	le:	_
					_
Signat	ure:				_
rimee	i Name:		1 itl	e:	-
Signat	ure:				
Printed	l Name:		Titl	e:	-
Signat	ure:		·· <del>···</del> ·····		_
Printed	l Name:	<del></del>	Titl	e:	_
Signat	ure.				
Printed	d Name:		Title	e:	-
					-
If Flor	<u>rida Corporat</u>	<u>ion:</u>			
Signat	ure of Chairma	nn, Vice Chairman, Directo	or, or Office	er.	
II Dire	ctors or Office	ers have not been selected,	an Incorpor	rator must sign.	
If Flor	ida General F	Partnership or Limited L	iahilin. D		
Signati	ure of one Gen	eral Partner	iadiniy Par	tnersnip:	
_					
If Flor	<u>ida Limited F</u>	artnership or Limited L	iability Lim	nited_Partnership:	
Signati	ures of <u>ALL</u> G	eneral Partners.			
<u>All oth</u>	lore:				
Signati	ure of an autho	rized nerson			
9		rizea person.			
Fees:					
	Articles of C	onversion:	<b>\$</b> 25.	00	
		ida Articles of Organizati	ion: \$125		
	Certified Cop	oy:		.00 (Optional)	
	Certificate of	Status:		0 (Optional)	

\$30.00 (Optional) \$5.00 (Optional)

17 AUS 23 AM 9:50

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
HABANA TRUCKING LLC		
(Must contain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
3001 NW 86 ST	3001 NW 86 ST	
MIAMI, FL 33167	MIAMI, FL 33167	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Re business entity with an active Florida registration.)  The name and the Florida street address of the	egistered Agent. You must designate an in	nt's Signature: idividual or another
The name and the Florida street address of the	ie registered agent are:	
OSMEL NUNEZ		
Na	ame	
3001 NW 86 ST		
Florida street address (F	P.O. Box <u>NOT</u> acceptable)	
MIAMI	FL 33167	
City	Zip	
-	d in this certificate, I hereby acc pacity. I further agree to comply ste performance of my duties, an registered agent as provided for Signature (REQUIRED)	ept the appointment as wwith the provisions of all d I am familiar with and
(CONT	TINUED)	23 AH 9-5

Δ	RT	$\Gamma 14$	$\cap$ 1	1	. 1	$\mathbf{V}$

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	ODMEL NUMBER
MOR	OSMEL NUNEZ
	3001 NW 86 ST
	MIAMI, FL 33167
(Use attachment if necessary)	
( = = = = = = = = = = = = = = = = = = =	
LE V: Other provisions, if any.	
<u> </u>	
REQUIRED SIGNATURE:	
\/	831
	<del>-</del>
I HIS OCCURRENT IN CARCILLER IN ACCORDANCE	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
OSMEL NUNEZ	
Τ.	ped or printed name of signee
1 )	ped of printed name of signee

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