# L18000017529

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
	<b>—</b>	<b>—</b>
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	96127	
<u> </u>	7.6121	

Office Use Only



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T. BURCH JAN 22 2018

## COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT:	355 Truc	KING LLC	
	(Name of Re	sulting Florida Limited Co	mpany)
			nd fees are submitted to convert an "Othe accordance with s. 605,1045, F.S.
Please return all co	orrespondence concerni	ng this matter to:	
410	A DEOSIMEH (Contact Person)		
	(Firm/Company)    O   Part   Post   P		
34	Of PARIS PO	WE	
O.E.	Chira 74 3. (City, State and Zip Code)	2518	
	(City, State and Zip Code)		
Lisade	051444 748 GM o be used for future annual r	ul. Gis	
E-mail Address: (t	o be used for future annual t	report notifications)	
	ation concerning this m		
LISA DE	O SINGH	at ( 407 ) 2	ytime Telephone Number)
(Name of Co	ntact Person)	(Area Code) (Da	ytime Telephone Number)
	k for the following amo on a bank located in the		ssed by this office must be payable in US
	s Cl\$155.00 riling Fees and Certificate of Status		□\$185,60 riting Fees, Certified Copy, and Certificate of Status
STREET ADDRI	ESS:		ADDRESS:
New Filing Section		New Filing !	
Division of Corpo Clifton Building	rations	Division of 6 P. O. Box 63	Corporations 327
2661 Executive Co	enter Circle	Tallahassee,	

Tallahassee, FL 32301



December 5, 2017

LISA DEOSINGH 3401 PARIS PL ORLANDO, FL 32818

SUBJECT: 3J'S TRUCKING LLC Ref. Number: W17000096127

We have received your document for 3J'S TRUCKING LLC and check(s) totaling \$52.00 of which \$52.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$133.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You submitted the wrong type of document, proper forms are enclosed.

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: 317A00024459

Tim Burch Regulatory Specialist III

www.sunbiz.org



December 22, 2017

LISA DEOSINGH 2ND ML 3401 PARIS PLACE ORLANDO, FL 32818

SUBJECT: 3J'S TRUCKING LLC Ref. Number: W17000096127

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Letter Number: 317A00024459

Tim Burch Regulatory Specialist III

www.sunbiz.org

### Articles of Conversion

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

18 JAN 18 PH 3: 4

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 Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORNTION (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 04-10 - 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:
3TS TMUKING LLC
(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 than 90 calendar days after 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, 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 10 ft day of Jakuay	20 <u>}0/\$</u> .
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Mala Printed Name: MAHARE RAMAINATH	Title: MGRM
Signature(s) on behalf of Other Business Entity:	
Signature: Mahax Rannift Printed Name: MAHASE RAMNAUTH	Title: MGRAY:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors 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 Liability Signatures of ALL 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)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

	1'S   Ruck ine			C.")
ARTICLE II - Ad The mailing addres		he principal o	ffice of the Li	mited Liability Company is:
Principal Office A	Address:	<u>Mailin</u>	g Address:	
3401 PAR ORLANDO	45 PLACE- 7C 3288		340) OKLANIO	Paris PLACET The 32818
(The Limited Liability Cobusiness entity with an	egistered Agent, Regis ompany cannot serve as its own active Florida registration.)  Florida street address of	Registered Agent.  The registered	You must designate lagent are:	I Agent's Signature: ate an individual or another
	<u>Мана</u> я 3401 1	Name	`	_
	3401 /	PARIS Y	ALE	
	Florida street address			<del>:)</del>
	<u>ORLANDO</u>	F1	22818	
	City		Zip	<del></del>
liability comp registered agent statutes relatin	oany at the place designa and agree to act in this c g to the proper and comp	ited in this cert capacity. I fur plete performa	ificate, I herel ther agree to c nce of my duti	vess for the above stated limited by accept the appointment as comply with the provisions of all les, and I am familiar with and ded for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	***		137	
к		u	 IV	

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  MGMM	MAIHASE RAMMAUTIL  3401 PARIN PLUCE  OUMHO 76 32818
	01446 76 32818
(Use attachment if necessary)	THE CARE
LE V: Other provisions, if any.	56 <b>Co</b>
T.E. V. Onlei provisions, it may.	
LE V. Other provisions, it any.	
DECOMPTED CICAL TUDE	en A
REQUIRED SIGNATURE:  Mithure  Signature of a member of a member of a member of a member of any false information submitted in a doctor as provided for in s.817.155, F.S.	an authorized representative of a member re with section 605,0203 (1) (b). Florida Statutes, I am aware thument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Mithure  Signature of a member of a member of a member of a member of any false information submitted in a doctor as provided for in s.817.155, F.S.	

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