# 11840073797

(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

M. MOON MAR 26 2018



100310502541

03/26/18--01002--005 \*\*185.00

18 MAR 23 PH 4: 38

THE MAR 23 AH IO: 2
SECRETARY OF SEC



## Filing Cover Sheet

To: Florida Division of Corporations

From: Taylor Seay C/O Capitol Services, Inc.

Date: 3/23/2017

Trans#: 967654

## **Entity Name:**

1.) <u>CITY CAB COMPANY OF ORLANDO INC. CONVERTING INTO CITY CAB COMPANY OF</u>
ORLANDO LLC

Articles Incorporation ( ) Articles of Amendment ( )

Articles of Dissolution ( ) Annual Report ( )

Conversion (XX) Fictitious Name Registration ()

Foreign Qualification ( ) Limited Liability ( )

Limited Partnership () Merger ()

Reinstatement ( ) Withdrawal / Cancellation ( )

Other ()

STATE FEES PREPAID WITH CHECK#1186 FOR \$185.00

**PLEASE RETURN:** 

Certified Copy (XX) Plain Photocopy ()

Good Standing (XX) Certificate of Fact ( )

Phone: 855-498-5500

## 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.

(Ente	r Name of Other Business Entity)
2. The "Other Business Entity" is a	corporation
	corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpora	ted under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)
December 20, 1954	,
(date of organization, formation or inco	rporation)
. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
CITY CAB COMPANY OF ORLANDO	
(Enter Name o	f Florida Limited Liability Company)
The effective date: Cannot be price	ng, enter the effective date:  or to date of receipt or filed date nor more than 90 calendar days after
The effective date: Cannot be price the date this document is filed by the late. If the date inserted in this block does to coment's effective date on the Department.	or to date of receipt or filed date nor more than 90 calendar days after the Florida Department of State.) not meet the applicable statutory filing requirements, this date will not be listed as the it of State's records.
(The effective date: Cannot be prior the date this document is filed by the Note: If the date inserted in this block does document's effective date on the Department.	or to date of receipt or filed date nor more than 90 calendar days after the Florida Department of State.) not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this day of March	2018
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Charles E. Carns, Jr.	Title: Authorized Representative
Signature(s) on Sebalf of Other Business Entity:	[See below for required signature(s)]
Signature: Le Cent	
Printed Name: Charles E. Carns, Jr.	Title: Chief Executive Officer
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 If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
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)

FILES 18 MAR 23 AM 10: 25

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		TONFORFE		LIABILITY	COMPA	INY	
ARTICLE I - Na	ıme:						
The name of the I	Limited Liabilit	y Company is:					
CITY CAB COMPA	NY OF ORLAND	DO LLC					
			Company, "L.L.C.," or "LL	.C.n			
				,			
ARTICLE II - A		11 63 1					
The maning addre	ess and street ac	dress of the pri	ncipal office of the L	imited Liabilit	y Compa	ıny is	l:
Principal Office	Address:		Mailing Address:				
324 W. Gore Street			224 W. Com Street				
Orlando, FL 32806 Orlando, FL 32806 Orlando, FL 32806		<u>_</u>	<del>_</del>				
		<del></del>	Oliada, 12 3200	<del></del>	<del></del>		
					<del></del>		
ARTICLE III - F The Limited Liability ( business entity with an	-ompany cunnot serv	vo as its own Registe	Office, & Registered Agent. You must design	d Agent's Signate an individual or	nature: ranother		
The name and the	rionua strect a	maress of the re	gistered agent are:				
	Swann Hadley S	Stump Dietrich &	Spears, P.A.				
	<del> </del>	Name		<del></del>			
		gland Avenue, Suit		<del></del>			
	Florida stree	t address (P.O.	Box NOT acceptable	:)			
	Winter Park		FL 32789				
		City	Zip	_			
Umina bassas			_				
naving been na	mea as register	ed agent and to	accept service of proc	ess for the abo	ve stated	limit	ed
registered agent	and agree to oc	e designated in t	this certificate, I hereb y. I further agree to c	y accept the ap	ppointme	nt as	- 22
statutes relatin	g to the proper	and complete of	erformance of my dutie	ompiy wiin ine es and Lam fa	provisio.	ns of	all J
accept the ob	ligations of my	position as regi	stergd agent as provid	ted for in Char	nica wi	III UIII F.C	2
•	-€X	) AK		eu jor in chap	107 <del>00</del> 5, 1	· .D	
	Pariotom	The Control of the Co	(DEOLUBES)				
	Kegisteret	u Agent's Signa	ture (REQUIRED)				
					F1 (C)		
		(CONTINU	ED)		EB	8	
		•	•		2- 7: 2: F1:	MAR	Τ;
					55	-20  ∆3	4 )
	•				24 -4 52 55	23	;
					!	<b>&gt;</b> =	200

Δ	D	TI	CI	F	IV	
~	л			a Pa	1 V	-

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 MGR	d - no ·		
MOR	Charles E. Carns, Jr. 324 W. Gore Street		
	Orlando, FL 32806		
	<del>-</del>		
<del></del>			
	<del></del>		
(Use attachment if necessary)			
RTICLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
	LE Carl		
This document is executed in accordance any false information submitted in a docu-	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony		
as provided for in s.817.155, F.S.			
	ules E. Carns. Jr.		
Cha	rles E. Carns, Jr. rped or printed name of signee		

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)