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	Requestor's Name)
	Address)
(<i>j</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(6	Business Entity Name)
<u> </u>	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:

Office Use Only

M. MOON MAR 26 2018

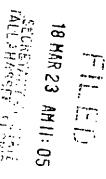


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03/26/18--01002--008 **185.00

18 MAR 23 PH 4: 41

ARIMENT OF STATE





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.) CHECKER CAB COMPANY OF ORLANDO, INC. CONVERTING INTO CHECKER CAB

COMPANY OF 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#1189 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: CHECKER CAB COMPANY OF ORLANDO, INC. 17975
(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 (Enter state, or if a non-U.S. entity, the name of the country)
October 12, 1989 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: CHECKER CAB COMPANY OF ORLANDO, 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.
7

Signed this 23rd day of March	20_18
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 behalf of Other Business Entity:	[See below for required signature(s)]
Signature: 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 In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> 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 I - Na	ıme:		
The name of the L	Limited Liability Company	is:	
CITTÓTI DE CLAS CO			
	MPANY OF ORLANDO, LLO		
(M	fust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.'")	_
ARTICLE II - A	ddrese:		
		e principal office of the Limit	ad Linhility Compony io.
3		o principal office of the Enfit	co Liability Company is:
Principal Office	Address:	Mailing Address:	
324 W. Gore Street		324 W. Gore Street	
Oriando, FL 32806		Orlando, FL 32806	
	sective Florida registration.) Florida street address of t Swann Hadley Stump Dietric		
	200 E. New England Avenue	, Suite 300	
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
	Winter Park	FL 32789	
	City	Zip	
liability comp registered agent statutes relatin	pany at the place designate t and agree to act in this ca ng to the proper and comple	nd to accept service of process d in this certificate, I hereby at pacity. I further agree to compete performance of my duties, as registered agent as provided in	ccept the appointment as oly with the provisions of all and I am familiar with and

(CONTINUED)

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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	Charles E. Carns, Jr.
	324 W. Gore Street
	Orlando, FL 32806
	_
	
	
	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	af
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is a contained any false information submitted in a document is executed.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony Charles E. Carns, Jr.
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