# 1900016745

(Re	questor's Name)	
977)	questor s Harrier	
	dress)	
DA)	aress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
•	-	
Special Instructions to	Filing Officer:	
<u></u>		

Office Use Only

M. MOON MAY 03 2018



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18 APR 27 PH 1: 24

# **COVER LETTER**

TO: New Filing Sect Division of Corp					
SUBJECT: CEYLEEN	TRANSPORT LLC				
<u></u>	(Name of Res	ulting Florida Limited	Com	pany)	_
The enclosed Articles of Business Entity" into a		_			
Please return all corresp	oondence concerning	g this matter to:			
MADIH					
	(Contact Person)				
INFOTAXSQUARE,COM					
	(Firm/Company)	<u> </u>			
7 DAVID AVE					
	(Address)				8
HICKSVILLE, NY 11801					茅
(Cit	y, State and Zip Code)	, 5			- B 2
cyleentransport@gmail.con	ı				7
E-mail Address: (to be u	sed for future annual re	port notifications)			- 1
For further information	concerning this mat	tter, please call:			18 APR 27 PH 1: 24
MADIHA		_at (516)_	822-3	3100	
(Name of Contact	Person)	(Area Code)	(Dayt	time Telephone Number)	_
Enclosed is a check for dollars and drawn on a			cess	ed by this office must	be payable in US
(\$25 for Conversion a	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fe and Certified Copy	ees	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILIN	iG A	.DDRESS:	
New Filing Section		New Filir	_		
Division of Corporation	ıs			orporations	
Clifton Building 2661 Executive Center	Circle	P. O. Boy Tallahass		27 FL 32314	

Tallahassee, FL 32301

#### **Articles of Conversion**

For

## "Other Business Entity"

Into

## Florida Limited Liability Company

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

CEYLEEN TRANSPORT LLC
(Enter Name of Other Business Entity)
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.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of NEW JERSEY  (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
2/15/2017 on
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
CEYLEEN TRANSPORT 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 afte 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 18TH day of APRIL	_ 20_18
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	D. 1
Signature of Authorized Representative:	W.1 Authorized Deservants in Alambar
Printed Name: CRISTHIAN PEDREROS VALENCIA	Title: Authorized Representative/Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
SEMESTICIS ON SEMEST DUSTICES EMILY:	see below for required signature(s)
Signature:	
Printed Name: CRISTHIAN PEDREROS VALENCIA	Title: Member
Signature:	<u> </u>
Printed Name:	Title:
Charathan	
Signature: Printed Name:	Title
Trined Name.	11(16.
Signature:	
Signature:Printed Name:	Title:
Signature:	<u> </u>
Printed Name:	Title:
o.	
Signature:	m: I
Printed Name:	I itle:
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 Liabili	ty Partnership:
Signature of one General Partner.	
16 Florida I too bank Danas and 12 or 12 to 14 and 19 and	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
Signatures of AEE Ocheral Faithers.	
All others:	
Signature of an authorized person.	
•	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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

CEYLEEN TRANSPORT LLC		
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is	18 APR
Principal Office Address:	Mailing Address:	R P
4312 LONGSHORE DR,	4312 LONGSHORE DR,	
	LAND O LAKES, FL 34639	
LAND O LAKES, FL 34639		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CRISTHIAN PEDRER	ROS VALENCIA
Nam	e
4312 LONGSHORE D	PR,
Florida street address (P.	O. Box NOT acceptable)
LAND O LAKES	FL 34639
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### **ARTICLE IV-**

as provided for in s.817.155, F.S.

CRISTHIAN PEDREROS VALENCIA

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

"MGR" = Manager			
AMBR	CRISTHIAN PEDREROS VALENCIA		
	4312 LONGSHORE DR.		
	LOND O LAKES, FL 34639		
	- <u> </u>		
(Use attachment if necessary)			
CLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			

Typed or printed name of signee

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)