L18000 125 462

(Requ	uestor's Name)	
(Addı	ess)	
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(City/	State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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03/09/18--01023--031 **150.00

FILED

18 MAY 17 PH 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE MAY 21 2018

W18-39398



RECEIVED

2018 MAY - 4 PM 12: 03

April 26, 2018

NATALIYA KOVAL 8431 VILLAGE EDGE CIRCLE UNIT 2 FORT MYERS, FL 33919

SUBJECT: TRUCKING LIGHTHOUSE LLC

Ref. Number: W18000039398

We have received your document for TRUCKING LIGHTHOUSE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong forms have been submitted. A limited liability company cannot be domesticated. However, a limited liability company can be converted. Please complete the enclosed conversion forms and return as soon as possible.

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: 118A00008614

DANIEL L O'KEEFE Regulatory Specialist II

COVER LETTER

TO: New Filing Son Division of C				
SUBJECT:	KOSA	COMPAI	UY LLC	
		ulting Florida Limited Con		
		-	d fees are submitted to co ecordance with s. 605.10-	
Please return all corre	espondence concerning	g this matter to:		
Nataliye	(Contact Person)			
	(Firm/Company) ge Edge Gra (Address)			
fort mye	FS FLorida . City, State and Zip Code)	33919		
_				
E-mail Address: (10 h	Val 11@gmail	port notifications)		
	on concerning this ma	•		
	-	_at (<u>239</u>) <u>6.</u> (Area Code) (Day	28-0784	
Enclosed is a check t		nt: (All checks proces	sed by this office must be	payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 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	S:	MAILING A New Filing S		
Division of Corporat	ions	Division of C	Corporations	
Clifton Building		P. O. Box 63	41	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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 Dusiness Entity" immediately prior to the Clina of the Articles of Conversion in
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: TRUCKING LIGHTHOUSE 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.)
First organized, formed or incorporated under the laws of
on 08/04/2-016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
KOSA COMPANY 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.)
<u>Note:</u> 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	l this <u>(</u>	01_	day of	May		_20 <u>/8</u>	<u>-</u>	
				O			lity Company:	
Signati Printed	ure of A I Name:	uthoriz <i>N F</i>	ed Represe	entative: KDVAL	Mrn	/- Title:	MEMBER	
							for required sign	
Signati	ure:	The	·/-				MEMBER	
Printed	i Name:_	NF	TALIYA	KOVAL		_ Title: _	MEMBER	
Cianati	ura:							
Printed	ure. I Name:			<u></u>		Title:		
Signati	ure:			.				
Printec	l Name:_					_ Title: _	<u> </u>	
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THICC	r Maine					11116		
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If Flor	rida Cor	noratio	n·					
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				been selecte			must sign.	
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Signati	ures of <u>A</u>	<u>xLL</u> Ge	neral Partn	iers.				
All oth	iers:							
		authori	zed persoi	١.				
Fees:								
	Article	s of Co	nversion:			\$25.00		
				of Organiz	zation:	\$125.00)	
		ed Copy		J		\$30.00	(Optional)	
	Certific	cate of S	Status:			\$5.00 (0	Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	\mathbf{C}	LE	1	- N:	ıme:

The name of the Limited Liability Company is:

KOSA COMPANY ILC

fust contain the words "Limited Liability Company, "L.L.C.," or "L.I.C."

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
8431 VILLage Edge Circle	8431 Village Edge Circle
Unit 2	Unit 2
Fort Myers, FLoride 33919	Fort Myers, Plorida 33919
- 	

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:

Nataliya Koval 8431 Village Edge Circle Unit 2
Florida street address (P.O. Box NOT acceptable) Fort Myers FL 33919

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..

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	
AMOR	Nataliya Koval 8431 Village Edge Circle 2
-	Fort myers, Flbrida 33919
AMBR	Kostiantyn Vashkovskyi
	8431 VILLAGE Edge Circle 2 Fort myets, Florida 33919
	Fort Myers, Frorida 33919
	
	ASS &
(Use attachment if necessary)	CAE MAY
(Y 17 PM TARY OF HASSEE, I
TICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	Noval
Simulation of the	an authorized representative of a member

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

WATALIYA KOVAL
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)

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA .

We, the undersigned, do hereb	y certify that I am the Au	thorized Person
of TRUCKING	LIGHTHOUSE	HC.
	me of Limited Liability Company	• •
a limited liability company dul	y organized and existing	under the laws of
INDIANA		
(State or Country of Orga	nization)	
Because the name of this forei	gn limited liability compa	any does not satisfy the
requirements of the s. 605.011 following name to transact bus		
KOSA	COMPANY	LLC.
(Name to be used by limited liability cor Company, L.L.C., or LLC.)	npany in Florida. NOTE: Name i	nust contain Limited Liability
Must	Nataliya Ko	Val 05/01/20
Signature Authorized Perso	•n	Date

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

Hurther certify that records of this office disclose that

TRUCKING LIGHTHOUSELLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 04, 2016, and was in existence or authorized to transact business in the State of Indiana on February 26, 2018.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereoi, i have caused to be affixed my signature and the seal of the State of Indiana, at the Oty of Indianapolis, February 26, 2018

Corrie Lauron

CONNIE LAWSON SECRETARY OF STATE

201608041152813 / 2018542223 Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate