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	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:	

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CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 5/23/2018

200	Acc#120160000072
	ACC#12010000012 /
Name:	First Coast Logistics of Georgia, Inc. (FL)
Document #:	
Order #:	10984313
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: Conversion	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 185.00

Thank you!

COVER LETTER

Division of Co			
SUBJECT: First Coas	t Logistics of Georgia, LL	С	
SUBJECT:	(Name of Res	ulting Florida Limited (Company)
The enclosed Articles Business Entity" into	of Conversion, Articl a "Florida Limited Li	es of Organization, ability Company" in	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:	
Donna Sorensen			
	(Contact Person)		
DLA Piper LLP (US)			
	(Firm/Company)		
401 Congress Ave. Suite	2500		
	(Address)		
Austin, TX 78701			
((City, State and Zip Code)		
donna.sorensen@dlapipe	r.com		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Donna Sorensen		at $(512)^{43}$	57-7062
(Name of Conta	et Person)	(Area Code) (Daytime Telephone Number)
	or the following amou a bank located in the		eessed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	
STREET ADDRES New Filing Section Division of Corporat Clifton Building	ions	New Filin Division o P. O. Box	of Corporations 6327
2661 Executive Cent	er Circle		ee. FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

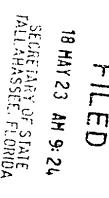
Into

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: First Coast Logistics of Georgia, Inc.
(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
December 14, 2009
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: First Coast Logistics of Georgia, 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 day of May	20_18
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: H.R. Bowser, Jr.	owser, Jr.
Printed Name: H.R. Bowser, Jr.	Title: Authorized Representative
Signature: K.K. Bowser, Jr. Printed Name: H.K. Bowser, Jr.	[See below for required signature(s)]
Printed Name: H.R. Bowser, Jr.	Title: Director
Signature:Printed Name:	Title
Printed Name:	Title
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title
rimed Name.	1110.
Signature:	
Printed Name:	Title:
C' catalan	
Signature:Printed Name:	Title:
Trined rune.	
If Florida Corporation:	0.00
Signature of Chairman, Vice Chairman, Director, or	r Officer.
If Directors or Officers have not been selected, an I	ncorporator must sign.
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity 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)

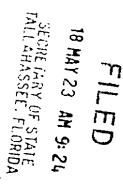
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
First Coast Logistics of Georgia, LLC	
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
434 Grange Rd	CT Corporation System
Port Wentworth	1200 South Pine Island Road
GA, 31407	Plantation FL, 33324
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
CT Corporation System	
	Name
1200 South Pine Island Roa	
Florida street address	(P.O. Box <u>NOT</u> acceptable)
Plantation	FL 33324
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)



<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
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	P.Z.	XXXXX
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(Use attachment if necessary)	in-K Mc	
(Ose attachment it necessary)		1
	OR OR	رح ف
ICLE V: Other provisions, if any.		£
REQUIRED SIGNATURE:		
/s/ H.R. Bowser, Jr.		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am award ument to the Department of State constitutes a third degree	e that

ARTICLE IV-

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)

Typed or printed name of signee