# L18000 128798

(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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SECRETARY OF STATE

TALLAHASSEE, FI DORE

MAY 2 4 2018 T SCHROEDER

# CT Corp.

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

**Date:** 5/23/2018

Da	te: 5/23/2018
	Acc#120160000072
Name:	First Coast Logistics of Jacksonville, 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**

TO: New Filing S  Division of G				
SHIP LECT. First Co	ast Logistics of Jacksonville	, LLC		
SOBJECT.	(Name of Res	ulting Florida Limited	Com	pany)
The enclosed Articl Business Entity" int	es of Conversion, Articl o a "Florida Limited Li	les of Organizatio ability Company"	n, and in ac	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all cor	respondence concerning	g this matter to:		
Donna Sorensen				
	(Contact Person)			
DLA Piper LLP (US)				
	(Firm/Company)			
401 Congress Ave. Sui	te 2500			
	(Address)			
Austin, TX 78701				
	(City, State and Zip Code)			
donna.sorensen@dlapi	per.com			
E-mail Address: (to	be used for future annual re	port notifications)		
For further informa	tion concerning this ma	tter, please call:		
Donna Sorensen		at ( 512	457-7	062
(Name of Cor	tact Person)	(Area Code)	(Day	062 time Telephone Number)
	for the following amou on a bank located in the		ocess	ed 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 I and Certified Copy		S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRE New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle	New Fil Division P. O. Bo	ing S n of C ox 63:	orporations

#### Articles of Conversion

For

### "Other Business Entity"

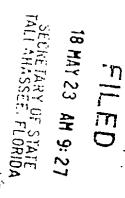
Into

#### Florida Limited Liability Company

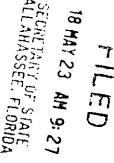
The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  First Coast Logistics of Jacksonville, 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
(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 Jacksonville, 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 23 day of May	20_18
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representative:  Printed Name: H.R. Bowser, Jr.	H.R. Bowser, Jr.
Printed Name: H.R. Bowser, Jr.	-DD66478AB4FA47h
Printed Name. H.R. bowser, 31.	Title.
Signature(s) on behalf of Other Business F	ntity: [See below for required signature(s)]
Signature:	Title: Director
Printed Name: H.R. Bowser, Jr.	Title, intector
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	I itle:
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	I itle:
Signature:	
Printed Name:	Title:
If Florida Corporation:	0.07
Signature of Chairman, Vice Chairman, Directors or Officers have not been selected	ector, or Utilicer.
If Directors of Officers have not been scients	ed, an incorporator thust sign.
If Florida General Partnership or Limited	l Liability Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited	I Liability Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
	£25.00
Articles of Conversion:	\$25.00 zation: \$125.00
Fees for Florida Articles of Organi Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)



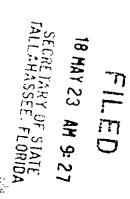
# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
First Coast Logistics of Jacksonville, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1133 Baisden Rd.	CT Corporation System
Jacksonville, FL 32218	1200 South Pine Island Road
	Plantation FL, 33324
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
CT Corporation System	
Name	<del></del>
1200 South Pine Island Road	
Florida street address (P.O	Box <u>NOT</u> acceptable)
Plantation	[F]_ 333 <u>2</u> 4
City	Zip
Having heen named as registered agent and to	accept service of process for the above stated limi

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)



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
		_
(Use attachment if necessary)	TAL	퓽
(Ose attachment if necessary)	一份 >死	MAY
	#5 25	<del></del>
LE V: Other provisions, if any.	SSE SSE	23
		至
	- C	Ø
	RAIE DO	2
REQUIRED SIGNATURE:	A STATE OF THE STA	Ī
/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 awment to the Department of State constitutes a third degr	vare ee f

ARTICLE IV-

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)