# L18000133908

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
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SECRICIANY OF STATE ALLIAHASSEE, FLORIDA

JUN2 5 2019 T SCHROEDER

## **COVER LETTER**

| TO: New Fi<br>Divisio  | •          | ection<br>orporations                                 |        |                                       |                          |  |  |
|--|------------|---|--------|---------------------------------------|--------------------------|--|--|
| SUBJECT: AU  | OL FAS     | T LOGISTICS LLC                                       |        |                                       |                          |  |  |
|  |            | (Name of Res  | ultinį | g Florida Limite                      | d Con                    | npany)   |  |
|  |            |   |        | _                                     |                          | d fees are submitted to convert an "Other coordance with s. 605,1045, F.S. |  |
| Please return a  | il corre   | spondence concerning                                  | g thi: | s matter to:                          |                          |  |  |
| LAZARO LEAL  | LEON       |   |        |                                       |                          |  |  |
|  |            | (Contact Person)                                      | _      |                                       |                          |  |  |
| ADL FAST LOG   | ISTIC I    | NC  |        |                                       |                          |  |  |
|  |            | (Firm/Company)  |        |                                       |                          |  |  |
| 13849 SW 275   | TERRA      | CE  |        |                                       |                          |  |  |
|  |            | (Address)   |        |                                       |                          |  |  |
| HOMESTEAD F  | L 3303     | 2   |        |                                       |                          |  |  |
|  | (C         | City, State and Zip Code)                             |        |                                       |                          |  |  |
| LAZAROLEON1  | 985@0      | GMAIL.COM   |        |                                       |                          |  |  |
| E-mail Addres  | ss: (to be | c used for future annual re                           | port r | notifications)                        |                          |  |  |
| For further info   | ormatic    | on concerning this ma                                 | lter.  | please call:                          |                          |  |  |
| LAZARO LEAL  | LEON       |   | at +   | ,7 <b>86</b> ,                        | 728-5                    | 5979   |  |
| (Name o  | f Conta    | ct Person)  |        |                                       | (Day                     | time Telephone Number)   |  |
|  |            | or the following amou<br>a bank located in the        |        | -                                     | ocess                    | sed by this office must be payable in US                                   |  |
| ☐ \$150,00 Filing<br>(\$25 for Conversi<br>& \$125 for Article<br>of Organization) | on         | □\$155.00 Filing Fees<br>and Certificate of<br>Status |        | \$180,00 Filing I<br>I Certified Copy |                          | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status     |  |
| STREET ADI   | DRESS      | š:  |        | MAILI                                 | NG A                     | ADDRESS:   |  |
|  |            | New Fil   | ing S  | ection                                |                          |  |  |
| Division of Co   | •          | ons   |        |                                       | Division of Corporations |  |  |
| Clifton Buildin  |            | .th.l   |        | P. O. Box 6327                        |                          |  |  |
| 2661 Executive Center Circle   |            | Tallahas  | see.   | FL 32314                              |                          |  |  |

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 Business Entity" immediately prior to the filing of the Articles of Conversion is:  ADL FAST LOGISTICS 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   |
| (Enter state, or if a non-U.S. entity, the name of the country)   |
| 06/13/2017<br>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: ADL FAST LOGISTICS 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 18   | day of JUNE                              | 20_18  |          |
|--|--|--|----------|
| Signature of Autl                                      | horized Representative of                | of Limited Liability Company:                |          |
| Signature of Author Printed Name:                      | orized Repropentative:                   | Title: AHbr                                  |          |
| Signature(s) on be                                     | chalf of Other Business E                | ntity: [See below for required signature(s)] | j        |
| Signature:Printed Name: \$\int_{\text{2}}^{\text{2}}\$ | To has Lie                               | W Title: PRESIDENT                           | <u>-</u> |
|  | •  | Title:                                       |          |
| rinted Name:   |  | True:  |          |
| Signature:   | ·  |  |          |
| Printed Name:  | <del></del>                              | Title:                                       | _        |
| Signature:   |  |  | _        |
| Printed Name:  |  | Title:                                       | _        |
| Signature:   | · · · · · · · · · · · · · · · · · · ·    |  |          |
| Printed Name:  |  | Title:                                       | _        |
| Signature:   |  |  |          |
| Printed Name:  |  | Title:                                       |          |
| If Florida Corpor                                      | ation:                                   |  |          |
|  | nan, Vice Chairman, Direc                | ctor, or Officer.                            |          |
| If Directors or Office                                 | cers have not been selected              | d, an Incorporator must sign.                |          |
| If Florida General<br>Signature of one Go              | l Partnership or Limited eneral Partner. | Liability Partnership:                       |          |
| If Florida Limited                                     | Partnership or Limited                   | Liability Limited Partnership:               |          |
| Signatures of ALL                                      | General Partners.                        |  |          |
| All others:<br>Signature of an aut                     | horized person.                          |  |          |
| Fees:  |  |  |          |

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

THE JUN 22 AM 9: 59
SELANCIANT OF STATE
ALLANASSEL FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name:  |   |
|--|---|
| The name of the Limited Liability Company  | y is:   |
| ADL FAST LOGISTICS 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:  |
| 13849 SW 275 TERRACE   | 13849 SW 275 TERRACE  |
| HOMESTEAD FL 33032   | MIAMI FL 33032  |
| business entity with an active Florida registration.)  The name and the Florida street address of t  LAZARO LEAL LEON  | Registered Agent. You must designate an individual or another the registered agent are:   |
|  | Jame  |
| •••  |   |
| 13849 SW 275 TERRACE   | D.() Dec. MOT.  |
| riorida street address (   | P.O. Box NOT acceptable)  |
| HOMESTEAD  | FL 33032  |
| City   | Zip   |
| liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comples accept the obligations of my position as Registered Agent's | nd to accept service of process for the above stated limited red in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 605, F.S  Signature (REQUIRED)  FINUED) |

| TO THE | <b></b> |      |       |
|--------|---------|------|-------|
| RTI    | ( I     | . P. | 1 V - |

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

| <u>Title:</u>   | Name and Address:  |
|---|--|
| "AMBR" = Authorized Member                                    |  |
| "MGR" = Manager AMBR  | 1070001501 1500  |
| AMDR  | LAZARO LEAL LEON  13849 SW 275 TERRACE   |
|   | HOMESTEAD FL 33032   |
|   | HOMESTEAD LE 33032   |
|   |  |
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|   | ——————————————————————————————————————   |
|   | ——————————————————————————————————————   |
| (Use attachment if necessary)                                 | RIDE S   |
| • 1   |  |
|   | •  |
| LE V: Other provisions, if any,                               |  |
|   |  |
|   |  |
|   |  |
| REQUIRED SPENATURE:   |  |
| (1)   |  |
| 1   |  |
| This document is executed in accordance                       | an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware the |
| <ul> <li>any false information submitted in a docu</li> </ul> | ment to the Department of State constitutes a third degree felo  |
|   |  |
| as provided for in s.817.155, F.S.                            |  |
| LAZARO LEAL LEON  |  |
| LAZARO LEAL LEON  | ped or printed name of signee Filing Fees  |