# L1600175678

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nam | e)        |
| (Do                     | ocument Number)   |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |

Office Use Only

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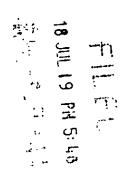


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07/19/18--01010--016 ++100.00

05/18/18--01013--012 \*\*25.00

99/26/18--01025--011 \*\*25.00



### **COVER LETTER**

| Division of Corporations   |  |  |                            |
|--|--|--|----------------------------|
| Drostral C   | NV/-                                       |  |                            |
| SUBJECT: TRANSPORT (Name of Resulti  | ing Florida Limited Comp                   | pany)  |                            |
| The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Liab                    | of Organization, and ility Company" in acc | fees are submitted to coreordance with s. 605.104                      | nvert an "Other<br>5, F.S. |
| Please return all correspondence concerning t  | his matter to:                             |  |                            |
| Nathan & Nicole Coli   | <u> </u>                                   |  |                            |
| TRSTICK LPV  |  |  |                            |
| 346 TWISTED DAY L  | WY   |  | Thirty B sice              |
| KISIMMU M  | 4744                                       |  |                            |
| (City, State and Zip Code)  (City, State and Zip Code)  (City, State and Zip Code)  (City, State and Zip Code) | CM. COM                                    |  | 0 PH 5:                    |
| For further information concerning this matter   |  | 3742   | <u> </u>                   |
| (Name of Contact Person)   |  | ime Telephone Number)  |                            |
| Enclosed is a check for the following amount dollars and drawn on a bank located in the Ut                     | : (All checks processenited States)        | ed by this office must be  | payable in US              |
| (\$25 for Conversion and Certificate of  | S180.00 Filing Fees<br>and Certified Copy  | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |                            |
| of Organization) STREET ADDRESS: New Filing Section  | MAILING A<br>New Filing So                 |  |                            |
| Division of Corporations   | Division of C                              | orporations  |                            |
| Clifton Building 2661 Executive Center Circle  | P. O. Box 632<br>Tallahassee, F            |  |                            |

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.605.10 Florida   |
|--|
| Statutes.  |
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversions:   |
| (Enter Name of Other Business Entity)  |
| 2. The "Other Business Entity" is a General Participle.  |
| (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 November 27 7018.  (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| Prestige CPV-, LCC   |
| 4. If not effective on the date of filing, enter the effective date: 1918  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after  |
| 4. If not effective on the date of filing, enter the effective date: 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,  |
| (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 9 day of July   | 20_/ \{  |   |
|---|--|---|
| Signature of Authorized Representative of Limite  |  |   |
| Simulation of Authorized Bangacantative:  |  |   |
| Signature(s) on behalf of Other Business Entity:  S   | See below for required signature(s)]                           |   |
| Signature: Jahan Colon  | Title: Plartre   |   |
| Signature: Mole Color Printed Name: N. Cole Color   | •  |   |
| Printed Name: Ni Cole Colum   | Title: Phil  |   |
| Signature: Printed Name:  | Title:   |   |
| Signature:Printed Name:   | Title:   |   |
| Signature:Printed Name:   | _ Title:   |   |
| Signature:Printed Name:   |  |   |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc. | Officer.<br>corporator must sign.                              |   |
| If Florida General Partnership or Limited Liability Signature of one General Partner.   | y Partnership:   |   |
| If Florida Limited Partnership or Limited Liabilit<br>Signatures of <u>ALL</u> General Partners.                                      | y Limited Partnership:   |   |
| All others: Signature of an authorized person.  |  | 18 JUL 19   |
| <u>Fees:</u>  |  | - <u> </u>  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:                             | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) | \$ 4.00 P. 1.00 |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |
|--|---|
| Prestige   | CPR, LIC  |
| (Must contain the words "Limited Liability   | Company, "L.L.C.," or "L.L.C.")                         |
| 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:  |
| 3148 Thisted oak<br>Loop Kissimna K  | Sán   |
| 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. | ered Agent. You must designate an individual or another |
| Nicole Ce<br>Name  | ./.   |
| 345 Twisted Florida street address (P.O  | Dax Loop =  |
| <u>Lissimmer</u><br>City   |   |
|  |   |

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:   | Name and Address:  |
|--|--|
| "AMBR" = Authorized Member   | -  |
| "MGR" = Manager  |  |
|  |  |
| 1100   | N 51 C 150   |
| MGR  | Nicole Cdon 3148 Thisted Oak lay   |
|  | Essimner A 34744   |
| MGN  | Nathan Was   |
|  | 3148 Thisted DAY lay   |
|  | USSIMPLE & 34744   |
|  |  |
|  | <del></del>  |
|  |  |
| (Use attachment if necessary)                                      |  |
|  |  |
| FICLE V: Other provisions, if any.                                 |  |
|  | 4  |
|  |  |
| REQUIRED SIGNATURE:  |  |
| 1 Motol  | der  |
| Signature of a member or   | r an authorized representative of a member   |
| any false information submitted in a doc                           | re with section 605.0203 (1) (b). Florida Statutes, I am aware that ument to the Department of State constitutes a third degree felony |
| as provided for in s.817.155. F.S.                                 | Cala   |
| N'OC   | yped or printed name of signee   |
|  | Filing Fees  |
| \$125.00 Filing Fee for Articles<br>\$ 30.00 Certified Copy (Optio | of Organization and Designation of Registered Age<br>nal) \$ 5.00 Certificate of Status (Optional)                                     |

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

ARTICLE IV-