# L18000182585

(Requestor's Name)
(Address)
(Address)
(Addless)
<u>_</u>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, ·

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FILED
2018 JUL 30 PK 4: 18
SECRETARY OF STATE
ASSEE, FLORIN

N CULLIGAN 1/30/18

#### **COVER LETTER**

TO: New Filing Se Division of C					
SUBJECT: Zip Logis	tics LLC				
	(Name of Res	ulting F	lorida Limi	ted Com	pany)
					I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this n	natter to:		
Senen Garica					
	(Contact Person)			_	
SG Law Group					
	(Firm/Company)			_	
2665. S. Bayshore Driv	ve, Ste 220				
	(Address)	······		<del>-</del>	
Coconut Grove, FL 33	133				
(1	City, State and Zip Code)			_	
senen@sgarcialaw.co	m				
E-mail Address: (to b	e used for future annual re	port not	ifications)	_	
For further informati	on concerning this ma	tter, pl	ease call:		
Michele Ross		at (	786	639-9	0049
(Name of Conta	act Person)		(Area Code	) (Day	time Telephone Number)
	for the following amount a bank located in the	,		process	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		80.00 Filing Certified Co		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations		MAILING ADDRESS: New Filing Section Division of Corporations			

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



July 19, 2018

SENEN GARCIA SG LAW GROUP 2665 S BAYSHORE DRIVE, STE 220 COCONUT GROVE, FL 33133

SUBJECT: ZIP LOGISTICS LLC Ref. Number: W18000066014

We have received your document for ZIP LOGISTICS 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 018A00014803

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C TM12: 13

# FILED

#### **Articles of Conversion** For

2018 JUL 30 PM 4: 18

Into SECRETARY OF STATE TALLAHASSEF. FLORID:

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: Zip 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
July 25th, 2011
July 25th, 2011  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Zip 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 9th day of July	_20_18				
Signature of Authorized Representative of Limited Liability Company:					
Signature of Authorized Representative: Mic	hele Ross Title: Vice President				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]					
Signature:					
Printed Name: Michele Ross	Title: Director				
Signature: Printed Name: Marnix Ross					
Printed Name: Mamix Ross	_ Title: Director				
Signature: Printed Name: Peter Ross	Till Disable				
Printed Name: Peter Ross	1 itte: Director				
Signature: Printed Name: Charles Ross	Tial Director				
Signature:Printed Name:	Title				
Trinica Nanc.	_ 1 me				
Signature: Printed Name:					
11med (value)	Title.				
If Florida Corporation:	Officer				
Signature of Chairman, Vice Chairman, Director, or Officer.  If Directors or Officers have not been selected, an Incorporator must sign.					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
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 - No.	Name: E Limited Liability Company	is:				
Zip Logistics LLC		bility Company, "L.L.C" or "LLC.")				
ARTICLE II - The mailing add		e principal office of the Limited	Liability Company is:			
Principal Offic	e Address:	Mailing Address:				
8611 Northwest 72nd Street Miami FL 33166		8611 Northwest 72nd Street Miami FL 33166				
business entity with	an active Florida registration.) he Florida street address of the Michele Ross	egistered Agent. You must designate an in ne registered agent are:	FILED 2018 JUL 30 PM 4: 1 SECRETARY OF SIAI FALLAHASSEE, FLORI			
	Florida street address (I	P.O. Box NOT acceptable)	(4: 1   (4: 1			
	Miami City	FL 33166 Zip	- 다 전 <b>조</b>			
liability co registered age statutes rela	mpany at the place designated ent and agree to act in this cap ting to the proper and comple obligations of my position as	d to accept service of process for d in this certificate, I hereby acceptacity. I further agree to comply ete performance of my duties, and registered agent as provided for highest for the process of the provided for the process of the provided for the process of the provided for the process of the proces	ept the appointment as with the provisions of all II am familiar with and			

(CONTINUED)

## ARTICLE IV-

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		
MGRM	Michele Ross	<del></del>
	8611 NW 72nd Street	
	Miami FL 33166	<del></del>
MGRM	Marnix Ross	
	8611 NW 72nd Street	
	Miami FL 33166	
MGRM	Charles Ross	
181 .	8611 NW 72nd Street	
	Miami FL 33166	
MGRM	Peter Ross	201 SF TAL
	8611 NW 72nd Street	
	Miami FL 33166	一道「
(Use attachment if necessary)		2018 JUL 30 PM 4: 1 SECRETARY OF STAI FALL AHASSEE, FLORE
CLE V: Other provisions, if any.		TAIL ORIE
REQUIRED SIGNATURE:  Signature of a member of	an authorized representative of	a member
This document is executed in accordance	the with section 605.0203 (1) (b), Florida Statement to the Department of State constitute	atutes. I am aware that
M	lichele Koss	

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)