# L1800214230

| (Req                      | uestor's Name)   |           |
|---------------------------|------------------|-----------|
| (Add                      | ress)            |           |
| - (Add                    | ress)            |           |
| (City                     | /State/Zip/Phone | e #)      |
| PICK-UP                   | MAIT             | MAIL      |
| (Bus                      | iness Entity Nam | ne)       |
| (Doc                      | ument Number)    |           |
| Certified Copies          | Certificates     | of Status |
| Special Instructions to F | iling Officer:   |           |
|                           |                  |           |
|                           |                  |           |
|                           |                  |           |

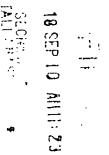
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# **COVER LETTER**

| TO: New Filing Se<br>Division of Co  |  |  |  |                                 |
|--|--|--|--|---------------------------------|
| SUBJECT:   | MORFFIS (Name of Resu  | TRANSFORT  | pany)  | _                               |
| The enclosed Articles<br>Business Entity" into   | s of Conversion, Articl<br>a "Florida Limited Lia  | es of Organization, and<br>ability Company" in ac            | d fees are submitted to<br>ecordance with s. 605.                      | convert an "Other<br>1045, F.S. |
| Please return all corre  | espondence concerning  | this matter to:  |  |                                 |
| 33350<br>Wesley<br>morffis   | Morffis - (Contact Person)  S Trans por (Firm/Company)  Tammy (Address)  City, State and Zip Code)  S To yaho e used for future annual rep | n<br>FL 33543<br>o.com                                       |  | 18 SEP 10 MH 11: 23             |
| For further information  | on concerning this mat   | ter, please call:  |  |                                 |
| (Name of Conta   | Morffis<br>et Person)  | at ( 817 ) 37<br>(Area Code) (Day                            | 72 - 5687<br>time Telephone Number)                                    | _                               |
|  | or the following amount a bank located in the l  |  | ed by this office must   | be payable in US                |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status  | \$180.00 Filing Fees<br>and Certified Copy                   | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |                                 |
| STREET ADDRESS<br>New Filing Section<br>Division of Corporati<br>Clifton Building        |  | MAILING A<br>New Filing So<br>Division of C<br>P. O. Box 632 | ection<br>orporations  |                                 |

Tallahassee, FL 32314

2661 Executive Center Circle

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 i     | is:           |
|---|------------------|---------------|
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Morffis Transport LCC.  |                  |               |
| (Enter Narhe of Other Business Entity)  |                  |               |
| 2. The "Other Business Entity" is a Limited Liability Com (Enter entity type. Example: corporation, limited partnership, general partnership, common law  | or business trus | <br>st. etc.) |
| First organized, formed or incorporated under the laws of   | of the country)  | )             |
| on 07/28/2016   |                  |               |
| on 07/28/2016 (date of organization, formation or incorporation)  |                  |               |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Morffis Transport LLC  (Enter Name of Florida Limited Liability Company)  | of Organizat     | ion:          |
| (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 cale 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 a 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.   |                  |               |
| <ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appraisal rig<br/>which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>  | hts the amou     | nt to         |
|   | 18 SEP 10 J      | i<br>• -      |
|   | <u>-</u>         |               |

| Signed this 04 day of September   | C20 18  |           |                |
|---|---|-----------|----------------|
| Signed this day of  | 20  |           |                |
| Signature of Authorized Representative of Limit   | ited Liability Company:   |           |                |
| Signature of Authorized Representative:   | 400   |           |                |
| Signature of Authorized Representative: Printed Name: Alexer Morfis-Ridigue   | ZTitle: Company owner   | <b>=</b>  |                |
| Signature(s) on behalf of Other Business Entity:  | •   |           |                |
| Signature:  |   |           |                |
| Signature: Printed Name: Alexai Monffis-Rodrigu   | eztille: company owner  |           |                |
| Signature:  |   |           |                |
| Printed Name:   |   | •         |                |
| Signature:  |   |           |                |
| Printed Name:   | Title:  | •         |                |
| Signature:  |   |           |                |
| Printed Name:   | Title:  | •         |                |
| 6:  |   |           |                |
| Signature:Printed Name:   | Title:  | •         |                |
|   |   |           |                |
| Signature:Printed Name:   |   |           |                |
| Times name.   |   | -         |                |
| 1077  |   |           |                |
| If Florida Corporation:   | Officer   |           |                |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In   |   |           |                |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In   | corporator must sign.   |           |                |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili   | corporator must sign.  ty Partnership:                          |           |                |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In  If Florida General Partnership or Limited Liabili Signature of one General Partner.  | corporator must sign.  ty Partnership:                          |           |                |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili   | corporator must sign.  ty Partnership:                          |           |                |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In  If Florida General Partnership or Limited Liabili Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili   | corporator must sign.  ty Partnership:                          | A.c.      | <b>س</b>       |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In  If Florida General Partnership or Limited Liabili Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others:  | corporator must sign.  ty Partnership:                          | TALLOW    | 1 <b>9</b> SEP |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In  If Florida General Partnership or Limited Liabili Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others:  Signature of an authorized person.        | corporator must sign.  ty Partnership:                          | FALLOW    | 뜐.             |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In  If Florida General Partnership or Limited Liabili Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  | corporator must sign.  ty Partnership:  ty Limited Partnership: | TALL SHOW | אנוד -         |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In  If Florida General Partnership or Limited Liabili Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others:  Signature of an authorized person.  Fees: | corporator must sign.  ty Partnership:  ty Limited Partnership: | FALLSunt  | SEP -          |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

| Morffis Transpo  | rt LLC   |
|--|--|
| (Must contain the words "Limited Liability C   | Company, "L.L.C.," or "L.L.C.,")                       |
| ARTICLE II - Address: The mailing address and street address of the prin   | cipal office of the Limited Liability Company is:      |
| Principal Office Address:  | Mailing Address:                                       |
| 33350 Faurry In<br>Wesley Chapel, FL<br>33543  | 33350 Taway ly<br>Wesley Chapso FL<br>33543            |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) | ed Agent. You must designate an individual or another. |
| The name and the Florida street address of the reg   | gistered agent are:                                    |
| Alexei Mor   | -FFis-Rodriguez 6. 0                                   |
| Name   |  |
| 33350 Tanen<br>Florida street address (P.O. I  |  |
| Wesley Chapel  | FL 33543<br>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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| (Use attachment if necessary)  |   |
| LE V: Other provisions, if any.  |   |
|  |   |
| REQUIRED SIGNATURE:  | ,   |
|  | Acc   |
|  | or an authorized representative of a member   |
| <ul> <li>This document is executed in accorda</li> </ul>   | ocument to the Department of State constitutes a third degree   |
| This document is executed in accorda any false information submitted in a deas provided for in s.817.155, F.S. | Typed or printed name of signee   |

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

ARTICLE IV-

Company: