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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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12/10/18--01029--007 **150.00

COVER LETTER

TO:	New Filing Son Division of Co					
SUBJI	ECT: Kin	gdom Tran	SPORT AFOL	npany)		
The en	closed Articles	s of Conversion, Artic	les of Organization, an	d fees are submitted to coccordance with s. 605.104		Other
Please	return all corre	espondence concerning	g this matter to:			
<u>₩i</u> E-m	Transf 999 W Indo (1)ie-Bak	(Contact Person) (Firm/Company) - Lancaster (Address) State and Zip Code) (Color bot medical regions of the contact of th	Rd US SOP - Com port notifications)		18 DEC 10 AH 9: 54	MERCIAN OF OTHER
For fu	ther information	on concerning this ma	• •			
_ls	Name of Conta	ct Person)	at (<u>§ 13</u>) 74 (Area Code) (Day	time Telephone Number)		
			nt: (All checks process	sed by this office must be	payable in	US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status		
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING A New Filing S Division of C P. O. Box 63: Tallahassee, I	ection Corporations 27			

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.

O. M. G.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>COLPOLATION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Forda (Enter state, or if a non-U.S. entity, the name of the country)
on 12/5/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:>
Kingdom Transport Broup LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: \(\frac{1}{2019}\). (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 5 day of 12	_ 20 <u>_ 1 8</u>	
Signature of Authorized Representative of Limit		
	995-	
Signature of Authorized Representative:		
Signature of Authorized Representative: Printed Name: 13: 11: 13cke(Title: president	
Signature(s) on behalf of Other Business Entity:		
Signature:		
Signature: Printed Name: Willie Bake(Title: Plesident	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	_ Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
f Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or C	Officer.	
f Directors or Officers have not been selected, an Incorporator must sign.		
	-	
f Florida General Partnership or Limited Liabilit	y Partnership:	
ignature of one General Partner.		
Florida Limited Partnership or Limited Liabilit	y Limited Partnership:	
ignatures of ALL General Partners.		
<u>ll others:</u>		
gnature of an authorized person.		
-		
<u>:es:</u>		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
Comments of Status.	45.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kingdom Trans Osk (Must contain the words "Limited Liability			
(Musi contain the words - Limited Liabilit	y Company, T.E.C., or T.E.C.)		
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
999 W. Lancaster Rol U3 Oclando, Fl. 32809	12397 S. Olange Blossom TRI U128 Ollando, FL. 32837		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)			
The name and the Florida street address of the r	registered agent are:		
Willie Raker Name	e		
999 W. Lanc Florida street address (P.O	Box NOT acceptable)		
<u>Alando</u> City	FL 32809 Zip		
	o accept service of process for the above stated limited 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager President	Willie Baller 999 W. Lancaster Rd U3 Orlando, Fi. 32809		
			
(Use attachment if necessary)			
ARTICLE V: Other provisions, if any.			
REQUIRED SIGNATURE:	(M)		
This document is executed in accordance vany false information submitted in a docume as provided for in s.817,155, F.S.	in authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that cent to the Department of State constitutes a third degree felony		
Willie	sed or printed name of signee		
Тур	ped or printed name of signee Filing Fees		
\$125.00 Filing For for Articles of			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)