# L1900076131

(Requestor's Name)
(Address)
(Address)
01 10 4 G (D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

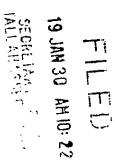
Office Use Only

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W19-6925



2019 JAH 30 CHAU 6102

### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2019

RYAN A KHAN 232 RED ROSE CIRCLE ORLANDO, FL 32835

SUBJECT: RYKHAN TRANSPORTATION LLC

Ref. Number: W19000006925

We have received your document for RYKHAN TRANSPORTATION LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

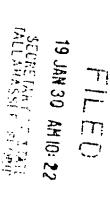
As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Matthew T Moon Regulatory Specialist III

Letter Number: 019A00001528



### **COVER LETTER**

<b>TO:</b> New Filing S				
Division of C	Corporations			
SUBJECT: 1	han Transfor	tation LLC	······································	_
	(Name of Res	sulting Florida Limited Cor	mpany)	
		_	nd fees are submitted to eccordance with s. 605.1	
Please return all corr	espondence concernin	g this matter to:		
Agan A. XX	(Contact Person)  ニュラン・トンシー (Firm/Company)			
	(Contact Person)			
Rykhan Tr	~~30- takin	LLC		
	(Firm/Company)			
232 Red R	(Address)			
-	(Address)			
17, Sectio	32435			
	City, State and Zip Code)			
Zykhan Tan	e used for future annual re	gorail. Com		
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Rua Khan	<u> </u>	at ( <u>Чの</u> ) <u>Ч</u> の (Area Code) (Day	8101-20	_
(Name of Conta	act Person)	(Area Code) (Day	ytime Telephone Number)	_
	for the following amou a bank located in the		sed by this office must b	e payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILING A	ADDRESS:	$\Xi_{ia}$
New Filing Section		New Filing S		19 [[]
Division of Corporations		Division of Corporations		

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## 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.

(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Linked Lian. 1144
(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)
(Enter state, or if a non-U.S. entity, the name of the country)
on Seq. 22, 12016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(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.
Es _
FILE SECRETARIAN AM

Signed this 11 day of January	20_\<
Signature of Authorized Representative of Limit	· · · · · · · · · · · · · · · · · · ·
Signature of Authorized Representative:	e
Printed Name: 1 L W	Title: Wesses 2.C
The state of the s	1.110.
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature F	
Printed Name: Ayun A. Khan	Tid. S
rrinted Name: Hym H. Khm	11116: 100 2:00 V
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cianatura	
Signature: Printed Name:	Title
Timed Island.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	by Dawtnauchine
Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
A III addresses	
All others: Signature of an authorized person.	
orginature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(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	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
272 Red Juse co	500 500 50 35832
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 re-	egistered agent are:
Ryan Khan Name	
Florida street address (P.O.	C
Florida street address (P.O.	Box NOT acceptable)
<u>Cr/~do</u>	FL 32675
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
A STATE OF THE PARTY OF THE PAR	
Registered Agent's Sign	ature (REQUIRED)
(CONTINI	TO JAN 30 ALLANASSE
	AM 10: 22

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

"MGR" = Manager  ANNO  The Research  The Res	<u>Title:</u> Name and Address:	
(Use attachment if necessary)  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155, F.S.	"AMBR" = Authorized Member	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)