L19000103588

(Requestor's Name)
(Address)
(Address)
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(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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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: FL EXPRESS INC		
	sulting Florida Limited Company)	
	eles of Organization, and fees are submitted to equipolate to contain the containing the contain	
Please return all correspondence concerning	g this matter to:	
COLUMBIE, FRANCISCO		
(Contact Person) FL EXPRESS INC		
(Firm/Company)		
6019 W JEAN ST		 (Q)
(Address)		#55 #55 \$1015 \$1015
TAMPA, FL 33634		<u> </u>
(City, State and Zip Code)		05 00880841(b)
osaiwori@yahoo.com		- Σ
E-mail Address: (to be used for future annual re	port notifications)	* 15
For further information concerning this ma	itter, please call:	01
COLUMBIE, FRANCISCO	_at (813) 3168523	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the	unt: (All checks processed by this office must be United States)	payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\int \frac{1}{3} \frac\	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
New Filing Section	New Filing Section	
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
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 fil FL EXPRESS INC	ing of the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a INC (Enter entity type. Example: corporation, limited partnership, general pa	P150000 46718
First organized, formed or incorporated under the laws of	
(Enter state, or if a)	non-U.S. entity, the name of the country)
05/26/2015 on	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in th	e attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	5
(The effective date: Cannot be prior to date of receipt or filed date in 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 reddocument's effective date on the Department of State's records.	or more than 90 calendar days after
5. The plan of conversion has been approved in accordance with all appl	licable 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 th	is 08 day of APRIL	20_19
Signature	e of Authorized Representative of Lin	nited Liability Company:
Signature Printed Na	of Authorized Representative:	Title: MGR
Signature	e(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	ame: COLUMBIE, FRANCISCO	Title: MGR
	:	
Printed Na	ame:	Title:
Printed Na	ame:	Title:
Signature:	·	Title:
Printed Na	ame:	Title:
Signature:	:	
Printed No	ame:	Title:
G:		
Signature:	oma:	Title:
i illited iva	anic.	Truc.
	Corporation:	
	of Chairman, Vice Chairman, Director, o	
If Director	rs or Officers have not been selected, an I	ncorporator must sign.
	General Partnership or Limited Liabi of one General Partner.	lity Partnership:
	a <u>Limited Partnership or Limited Liabi</u> s of <u>ALL</u> General Partners.	lity Limited Partnership:
All others Signature	s: of an authorized person.	
Fees:		
Fe Ce	rticles of Conversion: ees for Florida Articles of Organization: ertified Copy: ertificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

TO APR 15 PM OF SIATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FL EXPRESS LLC				
	ontain the words "Limited Liab	pility Company, "L.lC.," or "LLC.")		
ARTICLE II - Addre	ess:			
The mailing address a	nd street address of the	principal office of the Limited	Liability Company	y is:
Principal Office Add	ress:	Mailing Address:		
6019 W JEAN ST		6019 W JEAN ST		
TAMPA, FL 33634		TAMPA, FL 33634		
The Limited Liability Compa- business entity with an activ	any cannot serve as its own Re	red Office, & Registered Ager egistered Agent. You must designate an in	dividual or another to to a second se	30 JC ASISIAT
The Limited Liability Compa- business entity with an active. The name and the Flore	any cannot serve as its own Re e Florida registration.)	red Office, & Registered Ager egistered Agent. You must designate an in	dividual or another to	Cayoo ac Aoisia.
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The Limited Liability Comparison business entity with an activity of the name and the Florical CCC.	any cannot serve as its own Re e Florida registration.) rida street address of th DLUMBIE, FRANCISCO Na 19 W JEAN ST	red Office, & Registered Ager egistered Agent. You must designate an in the registered agent are:	dividual or another to	WISION OF CORPORATIONS
(The Limited Liability Compatibusiness entity with an activity of the name and the Floring CCC Formula (CCC) From Front CCC Formula (CCC) From Front CCC Formula (CCC) From Front CCC	any cannot serve as its own Re e Florida registration.) rida street address of th DLUMBIE, FRANCISCO Na 19 W JEAN ST	red Office, & Registered Ager rgistered Agent. You must designate an in the registered agent are:	dividual or another to	WISION OF CORPORATIONS

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)

ARTICLE IV-

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	COLUMBIE, FRANCISCO
MGR	6019 W JEAN ST
	TAMPA, FL 33634
	TAMI A, LE 33034
	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
	
DECHIDED SIGNATURE.	
REQUIRED SIGNATURE:	,
Pharde	
Signature of a member	or an authorized representative of a member
Signature of a member of a member of a member of a member of any false information submitted in a do	or an authorized representative of a member ince with section 605.0203 (1) (b), Florida Statutes, I am aware that
Signature of a member of this document is executed in accorda	or an authorized representative of a member ince with section 605.0203 (1) (b), Florida Statutes, I am aware that
Signature of a member of any false information submitted in a document as provided for in s.817.155, F.S.	
Signature of a member of any false information submitted in a document is executed in accorda any false information submitted in a document of as provided for in s.817.155, F.S. COLUMBIE, FRANCISCO	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes, I am aware that

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