# L19000141889

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
P13-101341

Office Use Only



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06/03/19--01019--033 \*\*150.00



N CULLIGAN JUN 1 3 2019

### COVER LETTER

Division of Corporations	
SUBJECT: AGUILAR TRUCKING INC	
(Name of Resulting Flo	rida Limited Company)
The enclosed Articles of Conversion, Articles of O Business Entity" into a "Florida Limited Liability O	ganization, and fees are submitted to convert an "Other Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this m	atter to:
AGUILAR, NECTALIZ	
(Contact Person)	
AGUILAR TRUCKING INC	
(Firm/Company)	
7202 CHESSWOOD CT	
(Address)	<del> </del>
TAMPA, FL 33615	
(City, State and Zip Code)	
E-mail Address: (to be used for future annual report notif	ications)
For further information concerning this matter, plea	se call:
AGUILAR, NECTALIZat (72	] 7 7768709
(Name of Contact Person) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All dollars and drawn on a bank located in the United S	checks processed by this office must be payable in US states)
	200 Filing Fees Status Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (7/17)

## Articles of Conversion For

"Other Business Entity"

Into

#### Florida Limited Liability Company

FILED

19 JUN -3 AM 9: 54

SECHE FART DE STATE
TALLAHASSEE, FLORIDA

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

Statutes.	
1. The name of the "Other Business Entity" immed AGUILAR TRUCKING INC	diately prior to the filing of the Articles of Conversion is:
(Enter Name of Other I	Business Entity)
2. The "Other Business Entity" is a INC	
(Enter entity type. Example: corporation, lim	tted partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the l	FLORIDA aws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Comp	pany as set forth in the attached Articles of Organization:
AGUILAR TRUCKING LLC	
(Enter Name of Florida Limited	Liability Company)
4. If not effective on the date of filing, enter the ef	feetive date: 05/29/2019.
(The effective date: Cannot be prior to date of re	ceipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Do	
<u>Note:</u> If the date inserted in this block does not meet the app document's effective date on the Department of State's reconditional properties of the Depa	licable statutory filing requirements, this date will not be listed as the ds.
5. The plan of conversion has been approved in acc	ordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agree which such members are entitled under ss. 605.10	eed to pay any members having appraisal rights the amount to 06 and 605.1061-605.1072, F.S.

Signed this 29 day of Hay	20_19
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	
Signature of Authorized Representative: Printed Name: NECTALIZ AGUILAR	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	
Signature: Mad Printed Name: NECTALIZ AGUILAR	Title: PRESIDENT
Trined Name. Neether Noote A	Title. (NESIDE.VI
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Trined Name.	Title.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	1
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Latiner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
Signatures of ABE General Farthers.	
All others:	
Signature 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)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	•	•				
The name of the Life	mited Liability Company	15:				
AGUILAR TRUCKIN	<del> </del>			· · · · · · · · · · · · · · · · · · ·		
(Mus	st contain the words "Limited Lial	bility Company,	'L.L.C.," or "LLC.")			
ARTICLE II - Add						
The mailing address	s and street address of the	principal of	fice of the Limited	d Liability Comp	pany	is:
Principal Office A	ddress:	Mailing	Address:			
7202 CHESWOOD	СТ	PO BC	X 263233			
TAMPA, FL 33615		TAMP	N, FL 33634			
		<del></del> -				
ARTICLE III - Re (The Limited Liability Cor business entity with an ac	gistered Agent, Register npany cannot serve as its own Re tive Florida registration.)	red Office, & gistered Agent. \	Registered Age	ndividual or another	_	
The name and the F	lorida street address of th	e registered	agent are:	ALL	9	
	TRUCKING PERMIT	S AND MORI	ELLC	115	- NUL	FIL
•	Na	me		SE SE	చ	Ę
	1721 WEST HILLSB	OROUGH A\	/E		2	03
•	Florida street address (P	.O. Box <u><b>NO</b></u>	<u>r</u> acceptable)	LOKID	9, 54	
_	TAMPA	FL	33603	77	•	
	City		Zip			
liability compa registered agent a statutes relating	ed as registered agent and ny at the place designated ad agree to act in this cap to the proper and complet gations of my position as	in this certif acity. I furth te performand registered ag	icate, I hereby acc er agree to comply se of my duties, and ent as provided for	ept the appointmy with the provisi d I am familiar w	ient a ions c vith a	is of all ind
	Registered Agent Si	ignature (KE	QUIKED)			

(CONTINUED)

Title	Name and Address
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	AGUILAR, NECTALIZ
	7202 CHESSWOOD CT
	TAMPA, FL 33615
<del></del>	
<del></del>	TAT S
	<u> </u>
	是 <b>是</b>
(Use attachment if necessary)	<b>製造 む</b>
CLE V: Other provisions, if any.	FEG. 9
	ORI S
	DE .
REQUIRED SIGNATURE:	
(20,0)	
THE	
Signature of a member or :	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that
	ment to the Department of State constitutes a third degree felony
AGUILAR, NECTALIZ	
Ту	ped or printed name of signee
	Filing Fees

ARTICLE IV-