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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
 W19-8050	12	

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

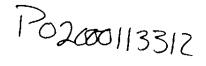
9/3/2019

D	Acc#120160000072
	Acc#I20160000072
Name:	LJF DELIVERS
Document #:	
Order #:	12121205 - 5
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 180.00

Thank you!

COVER LETTER

TO: New Filing Section Division of Corporation	ons						
SUBJECT: LJF Delivers LLC							
SUBJECT:	(Name of Resu	lting Florida Limited	1 Comp	pany)	-		
The enclosed Articles of Con Business Entity" into a "Flor	version, Article ida Limited Lia	es of Organizatio bility Company"	n, and in ac	I fees are submitted to cordance with s. 605.1	convert a 045, F.S.	ın "Ol	ther
Please return all corresponde	nce concerning	this matter to:					
Corey L. Warner	200						
(Conta	et Person)						
(Firm/	Company)	,					
862 S. Duncan Drive							
(A	ddress)						
Tavares, FL 32778							
(City, State	and Zip Code)						
rsmith@dickinsonwright.com							
E-mail Address: (to be used fo	r future annual rep	ort notifications)					
For further information conc	erning this mat	ter, please call:					
Corey L. Warner		at (407	948-0	718			
(Name of Contact Persor	1)	(Area Code)	(Day	0718 time Telephone Number)	_		
Enclosed is a check for the fi dollars and drawn on a bank	ollowing amou located in the U	nt: (All checks pi Inited States)	ocess	ed by this office must	be payab	le in	US
	5.00 Filing Fees rtificate of	■\$180.00 Filing 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 Circl Tallahassee, FL 32301	le	New Fi Divisio P. O. B	ling S n of C ox 633	Corporations	SECRETARY : TALLAHASSER, F	19 SEP -3 PH	7



Articles of Conversion For "Other Business Entity"

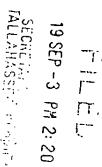
Into

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 is: LJF Delivers, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
10/21/2002
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
LJF Delivers, LLC
(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.



	day of September	20_19	
Signature of Author	rized Representative of L	imited Liability Company:	
Signature of Authori	zed Representative:	-1.61-	
Printed Name: Corey I	Warner	Title: President	
Signature(s) on beha	ulf of Other Business Entit	y: [See below for required signature(s)]	
Simmer / /	1 /		
Printed Name: Corey I	. Warner	Title: President	
			_
Signature: Printed Name:		Title:	_
Signature: Printed Name:		Title:	
Signature: Printed Name:		Title:	_
Signature:			
Printed Name:		Title	
		Title:	
		Title: Title:	
Signature: Printed Name: If Florida Corporati	on:	Title:	
Signature: Printed Name: If Florida Corporati Signature of Chairma	on: n, Vice Chairman, Director,	or Officer.	
Signature: Printed Name: If Florida Corporati Signature of Chairma If Directors or Officer	on: n, Vice Chairman, Director, rs have not been selected, ar	or Officer. I Incorporator must sign.	
Signature: Printed Name: If Florida Corporati Signature of Chairma If Directors or Officer	on: n, Vice Chairman, Director, rs have not been selected, ar artnership or Limited Lia	or Officer. I Incorporator must sign.	
Signature: Printed Name: If Florida Corporati Signature of Chairma If Directors or Officer If Florida General P Signature of one Gene	on: n, Vice Chairman, Director, rs have not been selected, ar artnership or Limited Lia eral Partner.	Title: or Officer. n Incorporator must sign. bility Partnership:	
Signature: Printed Name: If Florida Corporati Signature of Chairma If Directors or Officer If Florida General P Signature of one Gene	on: n, Vice Chairman, Director, rs have not been selected, ar artnership or Limited Lia eral Partner. artnership or Limited Lia	or Officer. I Incorporator must sign.	
Signature: Printed Name: If Florida Corporati Signature of Chairma If Directors or Officer If Florida General P Signature of one Gene If Florida Limited P Signatures of ALL Ge	on: n, Vice Chairman, Director, rs have not been selected, ar artnership or Limited Lia eral Partner. artnership or Limited Lia	Title: or Officer. n Incorporator must sign. bility Partnership:	
Signature:	on: n, Vice Chairman, Director, rs have not been selected, ar artnership or Limited Lia eral Partner. artnership or Limited Lia eneral Partners.	Title: or Officer. n Incorporator must sign. bility Partnership:	
Signature: Printed Name: If Florida Corporati Signature of Chairma If Directors or Officer If Florida General P Signature of one Gene If Florida Limited P Signatures of ALL Ge All others: Signature of an author	on: n, Vice Chairman, Director, rs have not been selected, ar artnership or Limited Lia eral Partner. artnership or Limited Lia eneral Partners.	Title: or Officer. n Incorporator must sign. bility Partnership:	ĪĀS -
Signature: Printed Name: If Florida Corporati Signature of Chairma If Directors or Officer If Florida General P Signature of one Gene If Florida Limited P Signatures of ALL General Columns All others:	on: n, Vice Chairman, Director, rs have not been selected, ar artnership or Limited Lia eral Partner. artnership or Limited Lia eneral Partners.	Title: or Officer. n Incorporator must sign. bility Partnership:	19 SE
Signature: Printed Name: If Florida Corporati Signature of Chairma If Directors or Officer If Florida General P Signature of one Gene If Florida Limited P Signatures of ALL Go All others: Signature of an author Fees: Articles of Co	on: n, Vice Chairman, Director, rs have not been selected, ar artnership or Limited Lia eral Partner. artnership or Limited Lia eneral Partners. rized person.	Title: or Officer. Incorporator must sign. bility Partnership: bility Limited Partnership:	19 SEP SECKET FALL AR
Signature: Printed Name: If Florida Corporati Signature of Chairma If Directors or Officer If Florida General P Signature of one Gene If Florida Limited P Signatures of ALL Go All others: Signature of an author Fees: Articles of Co	on: n, Vice Chairman, Director, rs have not been selected, ar artnership or Limited Lia eral Partner. artnership or Limited Lia eneral Partners. rized person. onversion: ida Articles of Organization	Title: or Officer. Incorporator must sign. bility Partnership: bility Limited Partnership:	19 SE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR F		
ARTICLE I - Name: The name of the Limited Liability Company i	s:	
•		
LJF Delivers, LLC	at the second second	
(Must contain the words "Limited Liabi	lity Company, "L.L.C., or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
862 S. Duncan Drive	862 S. Duncan Drive	
Tavares, FL 32779	Tavares, FL 32779	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	ed Office, & Registered Age gistered Agent. You must designate an it	nt's Signature: adividual or another
The name and the Florida street address of th	e registered agent are:	
Corey L. Warner		
Na	me	
862 S. Dunan Drive		
Florida street address (l'	P.O. Box <u>NOT</u> acceptable)	
Tavares	F1_ 32778	
City	Zip	
	d in this certificate. I hereby acc pacity. I further agree to compl te performance of my duties, as	ty with the provisions of all and I am familiar with and for in Chapter 605, F.S
		PH 2: 20

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	LJF Holdeo, LLC
11.71.2.1.	862 S. Duncan Drive
	Tavares, Fl. 32778
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	nagad
imited Liability Company will be Member Mar	ngeu.
DEALUDED SICNATUDE:	
REQUIRED SIGNATURE:	
6- 65-	
Signature of a member or	an authorized representative of a member
Signature of a member of	THE EXERCISE GOS OF REPORT OF A PROPERTY STREET, AND AVOIDS A
This document is executed in accordance	
This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	ument to the Department of State constitutes a third degree fel

Filing Fees

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

ARTICLE IV-

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