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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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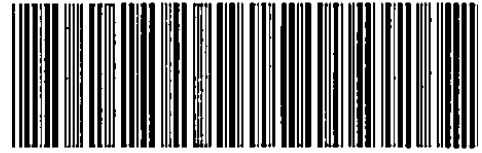
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ABSOLUTE MAIL LOGISTICS LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert a Business Entity into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

DEREK B. HUGHES

(Contact Person)

ABSOLUTE MAIL LOGISTICS

(Firm/Company)

619 MIRABAY BLVD

(Address)

APOLLO BEACH, FL 33512

(City, State and Zip Code)

dhughes@absolutemail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

DEREK HUGHES

(Name of Contact Person)

at ( 703 ) 929-1743

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States)

☐ \$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

☒ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of 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

**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 **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605. Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is ABSOLUTE MAIL LOGISTICS LLC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a SOLE OWNER - LLC  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust)

First organized, formed or incorporated under the laws of VIRGINIA, USA  
(Enter state, or if a non-U.S. entity, the name of the country)

on APRIL 2013  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization** is ABSOLUTE MAIL LOGISTICS LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 10-1-2019  
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days before 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 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 to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 15<sup>th</sup> day of SEPTEMBER 2019.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: 

Printed Name: DEREK B. HUGHES Title: OWNER MEMBER

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: 

Printed Name: DEREK B. HUGHES Title: OWNER MEMBER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

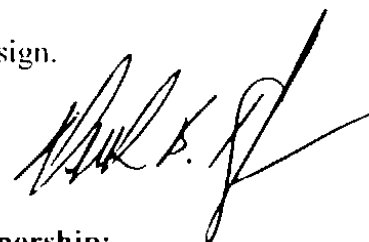
**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.



**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ABSOLUTE MAIL LOGISTICS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Co

### Principal Office Address:

619 MIRABAY BLVD  
APOLLO BEACH FL  
33572

### Mailing Address:

619 MIRABAY BLVD  
APOLLO BEACH FL  
33572

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CAROL D. SNYDER

Name

27090 ~~THE~~ EVERGREEN CHURCH

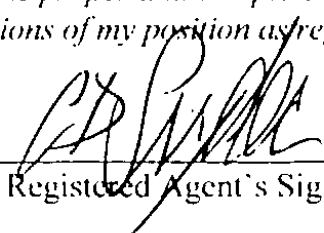
Florida street address (P.O. Box **NOT** acceptable)

WESLEY CHAPEL FL 33544

City

Zip

*Having been named as registered agent and to accept service of process for the above 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 the Florida Limited Liability Company Act, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 607, Florida Statutes.*

  
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:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

**Name and Address:**

DEREK B. HUGHES  
619 MIRABAY BLVD  
APOLLO BEACH FL 33572

CAROL D SNYDER  
27090 ~~WETZ~~ EVERGREEN  
WESLEY CHAPEL FL 335

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

**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 felony as provided for in s.817.155, F.S.

DEREK B. HUGHES

Typed or printed name of signee

**Filing Fees**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**