11900023851

(Re	questor's Name)	<u>-</u>
(Add	dress)	······
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doe	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to f	Filing Officer:	
W19-878	192	

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OCT () 1 2019



115 N CALHOUN ST., TALLAHASSEE, FL 32 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL!

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Account#: I200000C

Date:	09/30/2019	
	Joy Weaver	_
Referenc	ce #:1135393	_
	ame: KEY FLEE	LOGISTICS LLC
	rticles of Incorporation/Authorization	
Aı	mendment	
☐ C	hange of Agent	
R	einstatement	
√ C	onversion	
ΠМ	erger	
	issolution/Withdrawal	
☐ Fi	ictitious Name	
√ 0	therCERTI	FICATE OF STATUS.
Authorize	ed Amount: \$155.00	
Signatur	1 _	

COVER LETTER

TO:	New Filing Se Division of Co				
CUDI	ECT. KEY FLE	ET LOGISTICS LLC			
SOR	ECT:	(Name of Res	ulting Florida Lim	ited Con	npany)
Busin	ess Entity" into	a "Florida Limited Li	ability Compar	ıy" in ad	d fees are submitted to convert an "ecordance with s. 605.1045, F.S.
Please	e return all corre	spondence concerning	g uns matter to		
Thoma	as D. Flanigan				
	<u> </u>	(Contact Person)	<u> </u>	_	
мсвя	RAYER PLLC				
	<u> </u>	(Firm/Company)			
201 E	Main Street, Suite	900		_	
		(Address)			
Lexin	gton, KY 40507			_	
	•	City, State and Zip Code)			
-	ymcbrayerfirm.com			_	
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fi	irther information	on concerning this ma	tter, please call	•	
Mike	Tetterton		at (859	509.3	vtime Telephone Number)
	(Name of Conta	ct Person)	(Area Cod	e) (Day	rtime Telephone Number)
Enclo dollar	sed is a check f	or the following amou a bank located in the	nt: (All checks United States)	process	sed by this office must be payable in
(\$25 fc &: \$12:	i0.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filir and Certified C	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divis Clifto 2661	EET ADDRESS Filing Section ion of Corporation on Building Executive Center nassee, FL 3230	ions er Circle	New Divis P. O.	Filing S ion of C Box 63	Corporations

Articles of Conversion

For

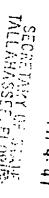
"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the follow Other Business Entity into a Florida Limited Liability Company in accordance with s.605.104. Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Convers KEY FLEET LOGISTICS LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited liability company (Enter entity type, Example: cornoration, limited partnership, general partnership, common law or business.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the cou
SEPTEMBER 4, 2019
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organ
KEY FLEET LOGISTICS 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 d
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 list 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 a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 30 day of September	_ 20_19
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: Attorney/Authorized Representative
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature:	Title:
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 If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE I - Nam		nany is:
The name of the Li	mited Liability Com	pany is.
KEY FLEET LOGIST	ICS LLC	The state of the s
(Mu:	st contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing addres	dress: s and street address	of the principal office of the Limited Liability Comp
Principal Office A	ddress:	Mailing Address:
55 Lighthouse Point D	rive	55 Lighthouse Point Drive
Longboat Key, FL 342		Longboat Key, FL 34228
		of the registered agent are:
		Name
	115 North Calhoun Str	eet, Suite 4
		ess (P.O. Box NOT acceptable)
	Tallahasse	FL 32301
	City	Zip
liability comp registered agent (any at the place desig and agree to act in the to the proper and c	ent and to accept service of process for the above state gnated in this certificate, I hereby accept the appointmis capacity. I further agree to comply with the provision omplete performance of my duties, and I am familiar vition as registered agent as provided for in Chapter 605

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Michael Tetterton	
	3197 Beaumont Centre Circle	
	Lexington, KY 40513	
	<u></u>	
(Line association and if management)		
(Use attachment if necessary)		
IOUE V Od		
ICLE V: Other provisions, if any.		
······································		
DESCRIPTO CLOSS COURS		
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 that 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.

THOMAS D. FLANIGAN, ATTORNEY/AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fees

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