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(Requestor's Name)
(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:





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COVER LETTER

SUBJECT: AMERICAN U.S LOGISTICS CORP (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion. Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045. F.S. Please return all correspondence concerning this matter to: 1037 ALBANY AVE (Contact Person) (Firm/Company) (Address) LEHIGH ACRES, FL 33971 (City. State and Zip Code) OSMANYMEDINILLA@YAHOO.COM E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: DIRECT SOLUTION SERVICES (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S 150.00 Filing Fees and Certificate of Status Status S 180.00 Filing Fees Certified Copy, and Certificate of Status	TO: New Filing Section Division of Corporations		
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City. State and Zip Code	(Firm/Company)		
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(\$25 for Conversion and Certificate of and Certified Copy & Certified Copy, and & \$125 for Articles & Status & Certificate of Status			processed by this office must be payable in US
of Organization)	(\$25 for Conversion and Certificate of a	•	y Certified Copy, and
STREET ADDRESS: MAILING ADDRESS:	STREET ADDRESS:	MAILI	ING ADDRESS:
New Filing Section New Filing Section			
Division of Corporations Division of Corporations Division of Corporations			•
Clifton Building 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 p AMERICAN U.S LOGISTICS CORP	rior to the filing of the Articles of Conversion is:
(Enter Name of Other Business L	Entity)
The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partners)	P140000 96973
(Enter entity type. Example: corporation, limited partn	ership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of _ (En	*LORIDA
(En	er state, or it a non-U.S. entity, the name of the country)
12/03/2014 on	
on 12/03/2014 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as AMERICAN US LOGISTICS LLC	·
(Enter Name of Florida Limited Liability	Company)
4. If not effective on the date of filing, enter the effective of	11/13/2019 late:
(The effective date: Cannot be prior to date of receipt of the date this document is filed by the Florida Department Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	r filed date nor more than 90 calendar days after ent of State.)
5. The plan of conversion has been approved in accordance	e with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pa	ay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: OSMANY MEDINILLA	λ
Signature of Authorized Representative:	THE MCD
Printed Name: OSMANY MEDINILLA	_ Title: wor
Signature(s) on behalf of Other Business Entity: [See below for required signature
Signature: Printed Name OSMANY MEDINILLA	TO A COL
Printed Name OSMANY MEDINILLA	Title: MGR
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title
rimed Name.	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	to Partnership
Signature of one General Partner.	ty Latthership.
•	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
•	ty Limited Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others:	ty Limited Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion:	\$25.00
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AMERICAN U.S LC		ibility Company, "L.L.C.," or "Ll.C.")	
		, , ,	
ARTICLE II - Ae The mailing addre		e principal office of the Limited Lia	ability Company is:
Principal Office	Address:	Mailing Address:	
1037 ALBANY AVE		1037 ALBANY AVE	
LEHIGH ACRES, FI		LEHIGH ACRES, FL 33971	
	 		 -
The Limited Liability C	Registered Agent, Registe Company cannot serve as its own R active Florida registration.)	ered Office, & Registered Agent's egistered Agent. You must designate an indivi-	s Signature: dual or another
The name and the	Florida street address of t	he registered agent are:	20
			<u> </u>
	OSMANY MEDINILLA		TAKE TO SECURE
		ame	FILE AND OF CO
		ame	7 07 m
	N 1037 ALBANY AVE	ame P.O. Box <u>NOT</u> acceptable)	7 07 m
	N 1037 ALBANY AVE		
	N 1037 ALBANY AVE Florida street address (P.O. Box <u>NOT</u> acceptable)	7 07 m

(CONTINUED)

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

"ANADD" — Analoguitard Manalogu	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR — Manager	OSMANY MEDINILLA
NICH CONTRACTOR OF THE CONTRAC	1037 ALBANY AVE
	LEHIGH ACRES, FL 33971
(Use attachment if necessary)	
•	
(Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	Julio an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155. F.S. OSMANY MEDINILLA	with section 605.0203 (1) (b). Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155. F.S. OSMANY MEDINILLA	with section 605.0203 (1) (b), Florida Statutes. I am aware th

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