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| (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: |
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Office Use Only

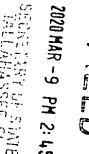
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Letter Number: 920A00001328

January 17, 2020

MADELICIA ALMODOVAR 524 MID FLORIDA DRIVE, STE 201 ORLANDO, FL 32824

SUBJECT: SUN ISLAND TRANPORT LLC

Ref. Number: W19000110008

We have received your document for SUN ISLAND TRANPORT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

www.sunbiz.org



December 19, 2019

MADELICIA ALMODOVAR 524 MID FLORIDA DRIVE, STE 201 ORLANDO, FL 32824

SUBJECT: SUN ISLAND TRANPORT LLC

Ref. Number: W19000110008

We have received your document for SUN ISLAND TRANPORT LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 119A000258044 Control of Chicago Antion of Chicago

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 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: Sun Island Transport Inc. |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Corporation (1) (1) (3) (5) (5) (5) (6) (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of |
| August 2 2019 |
| August 2 2019 on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Sun Island Transport 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. |



| Signed this 45 day of November | 2() 19 |
|---|---|
| Signature of Authorized Representative of Limi | ited Liability Company: |
| Signature of Authorized Representative: | delicies Minode Mil Title: Managing Memeber |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: 1997 Selvente (1) medical Printed Name: 1998 By 186 W. 186 Medical Selvente | Title: <u>LV: x(V, y</u> |
| Signature:Printed Name: | Title |
| Signature: Printed Name: | Title: |
| Signature: Printed Name: | Fitte: |
| Signature:Printed Name: | Fitle |
| | |
| Signature: Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| y is: | |
|---|--|
| | |
| iability Company, "Ed. Co." or "LCC") | |
| he principal office of the Limite | ed Liability Company is: |
| Mailing Address: | |
| 524 Mid Florida Drive | |
| Suite 201 | |
| Orlando FL 32824 | |
| the registered agent are: | |
| | |
| | |
| 201 | |
| (P.O. Box <u>NOT</u> acceptable) | |
| | |
| Zip | |
| and to accept service of process fed in this certificate. Thereby acapacity. I further agree to complete performance of my duties, as registered agent as provided for the control of the | veept the appointment as dy with the provisions of all and Lam familiar with and |
| | me principal office of the Limite Mailing Address: 524 Mid Florida Drive Suite 201 Orlando FL 32824 ered Office. & Registered Ag Registered Agent You must designate in the registered agent are: Name 201 (P.O. Box NOT acceptable) F1, 32824 Zip and to accept service of process y ed in this certificate, Thereby ac pacity. I further agree to comp lete performance of my duties, a as registered agent as provided for |

| 4 2 3 1 | | | | | | - |
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The name and address of each person authorized to manage and control the Limited Liability Company:

| AMBR" = Authorized Member MGR" = Manager | |
|--|---|
| CINIX DIGITALLY | |
| MGR . | Madelicia Almodovar |
| | 524 Mid Florida Drive Suite 201 |
| | Orlando FL 32824 |
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| Use attachment if necessary) | |
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| E V: Other provisions, if any. | |
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| EV: Other provisions, if any. EQUIRED SIGNATURE: Weddiaia Ulm | w dove \ an authorized representative of a member |
| EV: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance | an authorized representative of a member with section 605,020% (1) (b). Florida Statutes 3 am assime that |
| E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any talse information submitted in a document of the control of the | an authorized representative of a member |
| EV: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance | an authorized representative of a member with section 605,020% (1) (b). Florida Statutes 3 am assime that |
| E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any talse information submitted in a docum as provided for in s.817.155, F.S. Madelicia Almodovar | with section 605,020% (1) (b). Florida Statutes, I am assing the nent to the Department of State constitutes a third deposition. |
| E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any talse information submitted in a docum as provided for in s.817.155, F.S. Madelicia Almodovar | with section 605.020.5 (1) (b). Florida Statutes i am aging that nent to the Department of State constitutes a third degree felore need or printed name of signee |
| E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any talse information submitted in a document provided for in s.817.155, F.S. Madelicia Almodovai | with section 605,020% (1) (b). Florida Statutes, I am assing the nent to the Department of State constitutes a third deposition. |