L20000095923

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2020

A.A. ALI CPA DOC TRUCKING, INC 1322 N. PINE HILLS RD ORLANDO, FL 32808

SUBJECT: DOC TRUCKING, LLC Ref. Number: W20000027561

We have received your document for DOC TRUCKING, LLC and your check(s) totaling \$155.00. 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), s.607.1622(9) and/or 607.1622(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.

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 320A00005696

COVER LETTER

Division of	Section Corporations		
SUBJECT:	DOC Truc (Name of Re	King In (esulting Florida Limited Co	ompany)
The enclosed Articl Business Entity" int	es of Conversion, Arti o a "Florida Limited I	cles of Organization, a Liability Company" in	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all cor	respondence concernii	ng this matter to:	
A.A. ALI	CPA (Contact Person) CPA (Firm/Company)		
1322 N.	rine Hills 2	Rd	
	(Address) Lorida 32 City, State and Zip Code)	808	
E-mail Address: (to b	oe used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
A A A Li (Name of Conta		at (<u>407</u>) <u>2</u> (Area Code) (Day	CI 8: 3000 time Telephone Number)
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	int: (All checks process United States)	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	XS155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:	Street	Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: DOC CUCK COLUMN Conversion DOC Cutter 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, et
First organized, formed or incorporated under the laws of
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 2 12 20. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days afte 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.
 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.
201

Signed this 12th day of February	_ 20 <u><i>3</i> </u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Works Printed Name: Nandlall Thomas	Mall Roma Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Mandall Thomas	Title: AMbr
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 Officers or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabilit	orporator must sign.
Signature of one General Partner.	<u>rarthership:</u>
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	v Limited Partnership:
All others: Signature of an authorized person.	
Fees:	년. 왕기

Articles of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	:	
Must contain the words "Limited Liability	ty Commany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
300 Grand Royal Circle Winter Garden FL 34787	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agen ered Agent. You must designate an inc	t's Signature:
The name and the Florida street address of the re	egistered agent are:	20
<u>Nandall TI</u>		AHASSI
300 Grand & Florida street address (P.O.	-	AH 8: 48
Winter Garden City	FL 34787 Zip	
Sity	4	

Having been named as registered agent and to accept service of process for the above stated limited 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

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:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager AMbr	Mandlall Thomas 300 Granid Royal Circle Winter Garden Fl. 34787		
	20		
(Use attachment if necessary)	an 27		
RTICLE V: Other provisions, if any.	AM 8: L0		
REQUIRED SIGNATURE:	10		
Signature of a member or a	n 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.

MANdlall. Thomas
Typed or printed name of signee

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)