# L20000 0394

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only

APR 2 7 2020

T. SCOTT



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03/25/20--01002--003 \*\*150,00





April 7, 2020

MANUEL D. MENDEZ 131 MEXICALI AVE KISSIMMEE, FL 34743

SUBJECT: 2M TRANSPORT, LLC Ref. Number: W20000026629

We have received your document for 2M TRANSPORT, 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):

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 the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 920A00007189

#### COVER LETTER

			COVEREDITER	
TO:	New Filing So Division of C		; ;	
SUBJ	ECT:	2 M Tro	Ulting Florida Limited Con	pany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:	
	Manu	(Contact Person)	Mendez	
	JM 131	(Firm/Company)	rt, INC	
-	[3]	(Address)	LAKE	
	manuely	mmee / City, State and Zip Code) new Jez 195/ a		1
		e used for future annual re		
For lu	rther information	on concerning this ma	•	
	(Name of Conta	(1 Person)	at ( $\Box$ ) $\Box$ (Area Code) (Day	time Telephone Number)
		or the following amou a bank located in the		ed by this office must be payable in US
(\$25 fo	0.00 Filing Fees r Conversion for Articles	\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees. Certified Copy, and Certificate of Status

Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

of Organization)

#### **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 prior to the filing of the Articles of Conversion is:    Trus noit
(Cited Name of Other Dustices Findly)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 12.1.3011 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
2M Tran Sport J-C (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1-1, 2026.  (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.

Signature of Authorized Penroce	entative of Limited Liability Company:
ignature of Authorized Represent rinted Name: <u>Manac M</u> ,	tative: Thank Mey
	usiness Entity:  See below for required signatur
M. Ohl	
rinted Name: Mana / N	Title: President
ignature:	Title:
rinted Name:	tile:
ignature:	Title:
rinted Name:	title:
ignature:	Title:
rinted Name:	title:
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ignature:	Title:
rinted Name;	title
f Florida Corporation: signature of Chairman, Vice Chairn	nan Director or Officer
	en selected, an Incorporator must sign.
f Directors or Officers have not be	• · · · · · · · · · · · · · · · · · · ·
	, ·
f Directors or Officers have not be f Florida General Partnership or Signature of one General Partner.	Limited Liability Partnership:
f Florida General Partnership or Signature of one General Partner.	r Limited Liability Partnership:
f Florida General Partnership or Signature of one General Partner.	Limited Liability Partnership: Limited Liability Limited Partnership:
f Florida General Partnership or Signature of one General Partner. f Florida Limited Partnership or Signatures of <u>ALL</u> General Partner	Limited Liability Partnership: Limited Liability Limited Partnership:
f Florida General Partnership or Signature of one General Partner. f Florida Limited Partnership or Signatures of ALL General Partner	Limited Liability Partnership: Limited Liability Limited Partnership:
f Florida General Partnership or signature of one General Partner.  f Florida Limited Partnership or signatures of ALL General Partner All others: signature of an authorized person.	Limited Liability Partnership: Limited Liability Limited Partnership:
f Florida General Partnership or signature of one General Partner.  f Florida Limited Partnership or signatures of ALL General Partner All others: signature of an authorized person.	Limited Liability Partnership: Limited Liability Limited Partnership:
f Florida General Partnership or signature of one General Partner.  f Florida Limited Partnership or signatures of ALL General Partner All others: signature of an authorized person.  Gees:  Articles of Conversion: Fees for Florida Articles o	Limited Liability Partnership:  Limited Liability Limited Partnership: s.  \$25.00  f Organization: \$125.00
f Florida General Partnership or Signature of one General Partner.  f Florida Limited Partnership or Signatures of ALL General Partner MII others: Signature of an authorized person.  Gees:  Articles of Conversion:	Limited Liability Partnership: Limited Liability Limited Partnership: s. \$25.00
f Florida General Partnership or Signature of one General Partner.  f Florida Limited Partnership or Signatures of ALL General Partner MII others: Signature of an authorized person.  Fees:  Articles of Conversion: Fees for Florida Articles of Certified Copy: Certificate of Status:	** Limited Liability Partnership:  **Limited Liability Limited Partnership:  **S.*  \$25.00  \$125.00  \$30.00 (Optional)  \$5.00 (Optional)
f Florida General Partnership or ignature of one General Partner.  f Florida Limited Partnership or ignatures of ALL General Partner ignatures of an authorized person.  Gees:  Articles of Conversion: Fees for Florida Articles of Certified Copy: Certificate of Status:	** Limited Liability Partnership:  **Limited Liability Limited Partnership:  **S.*  \$25.00  **Corganization: \$125.00  \$30.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:					
2 M Transport LIC					
(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 Company is:					
Principal Office Address: Mailing Address:					
131 Mexical Ave					
K155: mine F1 34743					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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:					
Marvel D Meules					
Name  Name  Name  Florida street address (P.O. Box NOT acceptable)					
Missimma FL 34747 City Zip					
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 a 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					

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
<del> </del>	<del></del>	
	-	
(Use attachment if necessary)		
TLE V: Other provisions, if any.		
DEALIDED CLASS TUDE.		
REQUIRED SIGNATURE:		
1 Wand Peterne		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felorical section in the properties of the constitutes as	
as provided for in s.817.155, F.S.		