# L20000114014

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

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## COVER LETTER

TO:	New Filing S Division of C					
SHR	IFCT: CARS TI	RANSPORT LLC				
оор	JEC 1		ultinį	g Florida Limit	ed Com	ipany)
						d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g thi	s matter to:		
CARL	OS J EDDE					
		(Contact Person)				
CARS	TRANSPORT L	LC				
		(Firm/Company)				
4455	Blossom Lane					
		(Address)				
Westo	on, FL 33331					
	((	City, State and Zip Code)				
us@w	vemoveyourcars.	com				
E-r	mail Address: (to b	e used for future annual re	port r	notifications)		
For fu	ırther informati	on concerning this ma	tter,	please call:		
Carlos	s J Edde		at i	954	873-8	198
	(Name of Conta	ict Person)			(Dayı	time Telephone Number)
		or the following amou a bank located in the			rocess	ed by this office must be payable in US
(\$25 fd & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status		\$180,00 Filing I Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7			New F Division The Co	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

### 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: CARS TRANSPORT LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
08/31/2016 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  CARS 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 09	day of April	20 <u> 2<i>0</i></u>
Signature of Auth	orized Representative of Limi	ted Liability Company:
Signature of Author	rized Representative: 4/1/	HE.
Printed Name: ZORA	rized Representative: JUL	Title: Owner
Signature(s) on beh	ualf of Other Business Entity:	See below for required signature(s)
Signature:	105 522 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Printed Name: CARL	OS J EDDE	Title: Manager
	7	
Signature:		Title:
Printed Name:		Title:
Signature:		Title:
rimed Name		_ ritic.
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Signatura:		
Printed Name:		Title:
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<u>If Florida Corpora</u>	tion:	
_	an, Vice Chairman, Director, or	
If Directors or Offic	ers have not been selected, an In	corporator must sign.
If Florido Conoral	Partnership or Limited Liabili	tu Dartmarchin.
Signature of one Ger		ty rarthersing:
Signature of one co	nerur artier.	
If Florida Limited	<u>Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL (	General Partners.	
All others:	nuima d'ur sunciu	
Signature of an auth	orized person.	
Fees:		
Articles of (	Conversion:	\$25.00
	rida Articles of Organization:	\$125.00
Certified Co	•	\$30.00 (Optional)
Certificate of		\$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CARS TRANSPOR			
(M	fust contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre	· · · · · · ·	e principal office of the Limited Liability Compan	y is:
Principal Office	Address:	Mailing Address:	
4455 Blossom Lane	е	4455 Blossom Lane	
Weston, FL 33331		Weston, FL 33331	
(The Limited Liability C business entity with an		ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:	
(The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.)	egistered Agent. You must designate an individual or another	
(The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.)  Florida street address of the CARLOS J EDDE	egistered Agent. You must designate an individual or another	
(The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.)  Florida street address of the CARLOS J EDDE	egistered Agent. You must designate an individual or another he registered agent are:	
(The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.)  Florida street address of the CARLOS J EDDE  N 4455 Blossom Lane	egistered Agent. You must designate an individual or another the registered agent are:  ame  P.O. Box NOT acceptable)	
(The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.)  Florida street address of the CARLOS J EDDE  N 4455 Blossom Lane	egistered Agent. You must designate an individual or another the registered agent are:  ame  P.O. Box NOT acceptable)	
(The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.)  Florida street address of the CARLOS J EDDE  N  4455 Blossom Lane  Florida street address (I	egistered Agent. You must designate an individual or another he registered agent are:	

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 MGR	Carlos J. Edde
MGK	04/100 0. 2000
MGR	Zoraida Del Campo
(Use attachment if necessary)	
•	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
(2) 05/2/8	1 1
4105/4/10	, <del>, , , , , , , , , , , , , , , , , , </del>
<ul> <li>This document is executed in accordance</li> </ul>	an authorized representative of a member e with section 605,0203 (1) (b), Florida Statutes, I am aware tha iment to the Department of State constitutes a third degree felor
Carlos J. Edde	
Ту	ped 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)