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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:

Office Use Only

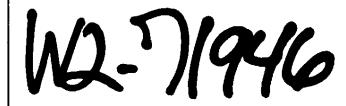


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COVER LETTER ' '

Mailing Address:	:	Street	Address:
(\$25 for Conversion and		□\$180,00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
Enclosed is a check for the dollars and drawn on a ba			ed by this office must be payable in US
KI Chard SE (Name of Contact Pe	ETOUR Person)	at (904) 7 (Area Code) (Dayt	35 - 7401 ime Telephone Number)
For further information c	concerning this matte	er, please call:	~
•	,		γ) ·
(City.	. State and Zip Code)		
	Tille, FL 3. State and Zip Code)		
6455 AR(+Y)	(Address)	Blud AP+#	1204
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RICHARD.	SE TOUR		
Please return all correspo	ondence concerning	this matter to:	
·			
	•	-	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
SUBJECT: K	Ki Chard (Name of Resu	ting Florida Limited Com	ns, LLC
Division of Corp	porations		
TO: New Filing Secti		4	

New Filing Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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: Charles Charl
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of SPRINGFIELD, MISSOURL (Enter state, or if a non-U.S. entity, the name of the country)
on <u>06 /14 /2018</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RT RICHARD TRUCKING, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 06 / 24/2020 (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 emproved in accordance with all applicable statutes

- 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 Paral Stay of OG124	20_2
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: 102 Printed Name: 151 Change 57 7:18	/ref
Signature(s) on behalf of Other Business Entity:	
Signature: Michael Sie Thum Printed Name: 4K1(h(1)K/1 Sie Thum	
Signature: Nichast Printed Name: KIChard Se Jean	Title: <i>A 191 B.R</i>
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	685 CAMP FRANCIS
	JUDISON RD ORUNGO PURK, FL 32065
AMBR, MGR	Richard SEJOUR
,	685 CAMP FRANCIS
	Johnson Rd Olunge Park,
	FL 32065
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member or a This document is executed in accordance v	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that then to the Department of State constitutes a third degree felony
	1 / 1 1 2

KICHGRUS=TOUR KUPLEL MGKK
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE HAIRE OF	the Entitled Liability Company is:
RI	RICHARD TRUCKING. LLC
•	(Must contain the words "Limited Liability Company, "L.D.C.," or "LLC.")
ARTICLE II The mailing a	- Address: ddress and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
6455 ARGY le FORESF	685 Camp Francis Johnson RI ORan Ge Park, FZ 32065
BIVD#1204 Jacksonville ft 32	244 - 32067

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:

ARTICLE I - Name:

RICHAROI SEJUUR

Name

6455 AR GYIE FOREST BIUD#1304

Florida street address (P.O. Box NOT acceptable)

JACKSONVIIIP FL 33244

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 all stantes 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)