120000230868

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing S Division of C			
SUBJECT:	AJD TRUC	KING HC	
	(Name of Re	sulting Florida Limited Cor	npany)
			nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
ABEL D (lillavicencio	PEREZ	
AA8J	(Contact Person) Truckin 6 L	1C.	
6190 W	(Firm/Company) 19 TH AVE	APT 210	
HaleaH	FL 330/6	2.	
aboldayi	City, State and Zip Code) O 26 D Yahoo De used for future annual re	o. Cory	
For further informati	on concerning this ma	tter, please call:	
ABEL D VI	MAVICENCIO	at (305) 3	393 4251
(Name of Conta	ect Person)	_ \	rtime Telephone Number)
	for the following amou a bank located in the		sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add			t Address:
New Filing S Division of C			Filing Section ion of Corporations
	F	L-1 4 13.	or corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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: AA & J TRUCKING LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of MICHIGAN
(Enter state, or if a non-U.S. entity, the name of the country)
10/22/2019 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: AAJD TRUCKING 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 on Other Deed. Production of the Production of t

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.

FILED

2821 JUL -2 PM 2: 16

SECRETARY OF STATE
TALLAHASSEF F STATE

Signed this 28TH day of JULY	<i>2020</i>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	Title: OV/NER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: ABEL D VILLAVICENCIO	Title: OWNER
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
AAJD TRUCKING LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.LC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
6190 W 19TH AVE # 210	6190 W 19TH AVE # 210		
HIALEAH FL 33012	HIALEAH FL 33012		
			

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:

ACA TRUCKING SERVICE	CES CORP_
N	Vame
2319 W 60TH ST # 106	
Florida street address ((P.O. Box NOT acceptable)
HIALEAH	FL ³³⁰¹⁶
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 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)

A	D.	TI	Ľ	EX7
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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	AREL BUILLANIOENOLO DEDE
<u>MGR</u>	ABEL D VILLAVICENCIO PEREZ
	6190 W 19TH AVE # 210
	HIALEAH, FL 33012
	
	
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Other provisions, if any.	
22 vi omer provisions, it miy.	
REQUIRED SIGNATURE: 🏒	
SKLT	
Signature of a member or	an authorized representative of a member
This document is executed in accordance	with section 605,0203 (1) (b). Florida Statutes, I am aware
any false information submitted in a document	ment to the Department of State constitutes a third degree fe
any taise information additing in a docum	hem to the Department of State constitutes a third degree to
as provided for in s.817.155, F.S.	nem to the Department of State constitutes a third degree to

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)