# L20000268096

(Requestor's Name)
(Address)
(Address)
(1.001.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. Spanner

Office Use Only



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06/30/20--01030--031 ++43.75

05/14/20--81001--004 +\*111.25 43.75



C RICO

#### **COVER LETTER**

SUBJECT: Sheppield Transport LC (Name of Resulting Florida Limited Company)
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605,1045, F.S.
Please return all correspondence concerning this matter to:
greisy Svarez (Contact Person)
Direct Solution Services
Direct Solution Services  (Firm/Company)  1248 Viscaya PKwy Unitab  (Address)
Cape Coral, Fl 33990 (City, State and Zip Code)
inco Edirect solution services. com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) 443-5846 (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
■ \$150.00 Filing Fees (\$25 for Conversion and Certificate of Status  Status  □ \$185.00 Filing Fees and Certified Copy and Certificate of Status  □ \$185.00 Filing Fees Certified Copy and Certificate of Status
Mailing Address:  New Filing Section  Street Address:  New Filing Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: New Filing Section
Division of Corporations

### 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 SHEFFIELD TRANSPORT INC	y prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busine	ess Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited pa	(P15000098241)
(Enter entity type. Example: corporation, limited pa	artnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws o	of
(	(Enter state, or if a non-U.S. entity, the name of the country)
12/08/2015	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company	as set forth in the attached Articles of Organization:
SHEFFIELD TRANSPORT LLC	
(Enter Name of Florida Limited Liabil	lity Company)
4. If not effective on the date of filing, enter the effectiv (The effective date: Cannot be prior to date of receipt	t or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Departu- Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ment of State.)  statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in accordar	nce 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 8 day of AUGUST	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: SHEFFIELD , DAVID F, JR	Title: P
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Deuts hours	SPittle:OWV
Signature:Printed Name:	Title
ramed Name.	THIC.
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
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 Inc	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
· ·	
<del>If Florida Limited Partnership or Limited Liabili</del> Signatures of <u>ALL</u> General Partners.	y 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)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SHEFFIELD TF	RANSPORT LLC.		
	(Must contain the words "Limite	d Liability Company, "L.L.C.," or "L.LC.")	
ARTICLE II The mailing ac	- Address: ddress and street address o	of the principal office of the Limited Liabili	ity Company is:
Principal Offi	ice Address:	Mailing Address:	
6360 NW 13TH	I TER	6360 NW 13TH TER	
BELL, FL 3261		BELL, FL 32619	
	life Company cannot serve as its o	gistered Office, & Registered Agent's Sig	(nature: or another
business entity wi	lity Company cannot serve as its of than active Florida registration.) the Florida street address	wn Registered Agent. You must designate an individual of the registered agent are:	or another ව ව
business entity wi	lity Company cannot serve as its o th an active Florida registration.)	wn Registered Agent. You must designate an individual of the registered agent are:	or another ව ව
business entity wi	lity Company cannot serve as its of than active Florida registration.)  the Florida street address  SHEFFIELD . DAVID	wn Registered Agent. You must designate an individual of the registered agent are:	or another ව ව
business entity wi	lity Company cannot serve as its of than active Florida registration.)  the Florida street address  SHEFFIELD - DAVID  6360 NW 13TH TER	wn Registered Agent. You must designate an individual of the registered agent are:  F. JR  Name	or another ව ව
business entity wi	lity Company cannot serve as its of than active Florida registration.)  the Florida street address  SHEFFIELD - DAVID  6360 NW 13TH TER	wn Registered Agent. You must designate an individual of the registered agent are:  F. JR  Name  ss (P.O. Box <u>NOT</u> acceptable)	or another ව ව
business entity wi	lity Company cannot serve as its of than active Florida registration.)  the Florida street address  SHEFFIELD - DAVID  6360 NW 13TH TER	wn Registered Agent. You must designate an individual of the registered agent are:  F. JR  Name  ss (P.O. Box NOT acceptable)  FL 32619	or another
business entity wi	lity Company cannot serve as its of than active Florida registration.)  the Florida street address  SHEFFIELD . DAVID  6360 NW 13TH TER  Florida street addre	wn Registered Agent. You must designate an individual of the registered agent are:  F. JR  Name  ss (P.O. Box <u>NOT</u> acceptable)	or another ව ව

(CONTINUED)

gistered Agent's Signature (REQUIRED)

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	SHEFFIELD . DAVID F. JR
AMBR	6360 NW 13TH TER
	BELL, FL 32619
	BECC. 1 E 02010
(Use attachment if necessary)	
N. F. M. Odernandskiege Warm	
<b>CLE V</b> : Other provisions, if any.	
-	
······································	
REQUIRED FIGNATURE:	1.4
	V
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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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

SHEFFIELD , DAVID F, JR

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)