120000382475

(Requ	estor's Name)	
	•	
(Addre	ess)	
(Addre	200)	
(i louit	,	
-		
(City/S	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Busir	ess Entity Nan	ne)
(Docu	ment Number)	
•	,	
Cartified Casino	Catificates	of Status
Certified Copies	Certificates	or Status
Special Instructions to Fil	ing Officer:	
		}
<u> </u>		

Office Use Only



600346368076

06/18/20--01014--001 *+86.25

17.50 NOV 23 PM 6: 01

W2000067:

D O'KEEFE



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2020

JEFFREY A. LAYMON RAZOR LIGHT HAULING AND COURIER SERVICE 717 BALMORAL LN ORANGE PARK, FL 32073

SUBJECT: RAZOR LIGHT HAULING AND COURIER SERVICE

Ref. Number: W20000067597

We have received your document for RAZOR LIGHT HAULING AND COURIER SERVICE and your check(s) totaling \$86.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title "owner "cannot be used. Please correct where this title is used in the documents.

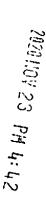
Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return 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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 020A00012897





June 30, 2020

JEFFREY A. LAYMON RAZOR LIGHT HAULING AND COURIER SERVICE 717 BALMORAL LN ORANGE PARK, FL 32073

SUBJECT: RAZOR LIGHT HAULING AND COURIER SERVICE

Ref. Number: W20000067597

We have received your document for RAZOR LIGHT HAULING AND COURIER SERVICE and your check(s) totaling \$86.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The correct forms are enclosed. Please complete and return with an additional payment of \$98.75.

Please return 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.

DANIEL L O'KEEFE Regulatory Specialist II

2020 JUL 15 AM 10

TITI INS

Letter Number: 020A00012897

COVER LETTER

SUBJECT: RNZOR LIGHT HAULING AND CO	WRIER SERVICE (DBA RAZOR COURIER)
The enclosed Articles of Conversion, Articles of Or Business Entity" into a "Florida Limited Liability C	rganization, and fees are submitted to convert an "Other Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this ma	atter to:
JEFFREY A LAymon (Contact Person)	
RAZOR LIGHT HAULING AND COURIER (Firm/Company)	SERVICE
717 BALMORAL LN (Address)	
ORANGE PK FL 32073 (City, State and Zip Code)	
RAZOR COURLER & GMAIL COM E-mail Address: (to be used for future annual report notifi	cations)
For further information concerning this matter, plea	ise call:
(Name of Contact Person) at (C	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All dollars and drawn on a bank located in the United S	checks processed by this office must be payable in US states)
	200 Filing Fees Status Signal Status Signal Status Signal Status Signal Status
Mailing Address: New Filing Section	Street Address: New Filing Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

New Filing Section

Division of Corporations

TO:

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

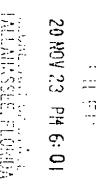
The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

RAZDE CIONT HAVUNG AND COURIER GERVICE.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a PARTNEDSHIP (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
on 7-11-20 (8 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RAYOR LIGHT HAULING AND COURIER SERVICE (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 7-23-2020. (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 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 t	this <u>/3</u>	_ day of _	ابردې		20 <u>20</u>	
<u>Signatu</u>	re of Author	ized Repr	esentative of	Limite	d Liability Comp	any:
Signatui Printed 1	re of Authoriz Name: <u>Jefc</u> s	zed Repres	entative: Qo.	65%	C. C. man	<u> </u>
					ee below for requi	
Signatur Printed l	re: Name:	Prance	A. Heand	in	Title:	OFFICER
Signatur Printed l	re: <u>Qobbles</u> Name: <u>Joeff</u>	Cic ZEY A	symon	<u>, </u>	Title:	OFFICER
		•				
Signatui Printed l	re: Name:				Title:	
Signatur	re**					
					Title:	
Printed :	Name:		-		Title:	
Signatur If Direct	tors or Office da General P	n, Vice Cha s have not artnership	or Limited L	an Inco	fficer. orporator must sign. <u>Partnership:</u>	
_ <u>If Flori</u>	re of one Gene da Limited P res of <u>ALL</u> Ge	<u>artnership</u>	or Limited L	<u>jability</u>	Limited Partners	<u>hip:</u>
All othe Signatur	ers: re of an autho	rized persoi	1.			
Fees:						
	Articles of Co Fees for Flor Certified Cop Certificate of	da Articles y:	s of Organizati	ion:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

20 NOV 23 PM 6: 01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.c.," or "LLC.")

, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited Liabili	ty Company i
Principal Office Address:	Mailing Address:	
717 BALMORAL LNI ORANGE PARK FI 32073	P.O. BOX ORANGE PARK FL. 32067-0276	
	istered Office, & Registered Agent's Sig vn Registered Agent. You must designate an individual o	
The name and the Florida street address of	of the registered agent are:	20 R
JEFFREY A L	Aymon Same	20 NOV 23
	ss (P.O. Box <u>NOT</u> acceptable)	PH 6: 01
DRANGE PK	FL 32573	;· =

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 alt 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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	JEFFREV A LAYMON
	717 BALMORAL LN
	ORANGE PK FL 32073
	DRANGE IR PL DO 15
	STEPHANIE HERNDON
MGR	
	717 BALMORAL LN
	DRANGE PK FL 32073
	20 NOV 23
	Signatura in the second se
(Use attachment if necessary)	
,	(g): N ==
TCLE V: Other provisions, if any.	
TCLE V. Other provisions, it any.	general to the control of the contro
	<u></u>
<u> </u>	

REQUIRED SIGNATURE:

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 s.817.155, F.S.

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) S 5.00 Certificate of Status (Optional)