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(Re	questor's Name)	
(Add	dress)	
(6.4)	dress)	
(Adi	uiessj	
(Cit	y/State/Zip/Phone	e #)
<u></u>		
PICK-UP	WAIT	MAIL
(Ru	siness Entity Nar	me)
(00.	Siness Chary Ivai	ne <i>j</i>
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





01/21/21--01020--003 \*\*185.00



# **COVER LETTER**

Division of C	•				
SUBJECT: Vets Tru	cking Services LLC Trai	nsferring a NY	LLC to Bi	ECOME A Florida LLC	_
-	(Name of Res	ulting Florida L	imited Cor	npany)	
		_		nd fees are submitted to coordance with s. 605.1	
Please return all corr	espondence concerning	g this matter	to:		
Robert M Fay Sr					
	(Contact Person)		<del></del>		
Vets Trucking Service	s LLC				2021
	(Firm/Company)				<u>۔</u> نو
2536 NE Juniper Dr					~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	(Address)				
Lee, FL 32059					2021 JAN 21 PH 1: 42
(	City, State and Zip Code)				 <b>.</b>
Vets3187@gmail.com					. 10
E-mail Address: (to b	be used for future annual re	port notification	is)		
For further informati	on concerning this ma	tter, please ca	all:		
Robert Fay		_at (	744	0700	
(Name of Conta	act Person)	(Area C	ode) (Da	ytime Telephone Number)	_
	for the following amoun 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 Fi and Certified	~	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:		Stree	t Address:	
New Filing S				Filing Section	
Division of C P.O. Box 632	-			tion of Corporations  Centre of Tallahassee	
1 .U. DUX 034	<i>i</i> 1		1110	Jenue of Fallaliassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

**TO:** New Filing Section

### **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.

Vets Trucking Services LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
On July 28 2011 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Vets Trucking Services 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 t	his <u>5</u>	day of <u>january</u>	20	
Signatu	re of Authoriz	ed Representative of	f Limited Liability Company:	
Signatur Printed N	e of Authorize Name: <u>Robert M</u>	d Representative: Fay Sr	Title: President	
Signatui	re(s) on behalf	of Other Business En	ntity:  See below for required sig	nature(s)]
Signatur	e: R.	egink Matory		
Printed 1	Vame: Regina M	Fay	Title: secretary	
Signatur	e:		Title:	
rinted	vame:		I IUC.	<del></del> -
Signatur Printed l	e: Name:		Title:	
Signatur	e:			
rintea	Name:		Title:	
Signatur Printed I	e: Name:	· · · · · · · · · · · · · · · · · · ·	Title:	
Signatur	e:			
Printed 1	Name:		Title:	
Signatur		– Vice Chairman, Direct	tor, or Officer. , an Incorporator must sign.	
	la General Par e of one Genera	_	Liability Partnership:	
	<b>la Limited Par</b> es of <b>ALL</b> Gen		Liability Limited Partnership:	
All othe Signatur	<u>rs:</u> e of an authoriz	ed person.		
Fees:				
i (	Articles of Con Fees for Florida Certified Copy: Certificate of S	Articles of Organiza	\$25.00 stion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			ુ
The name of the Limited Liabil	ity Company is	:	2021 JAH 21 P
Vets Trucking Services LLC			
	ords "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street a			ed Liability Company is:
Principal Office Address:		Mailing Address:	
2536 NE Juniper DR		po box 9372	
Lee, Fl 32059		Lee. FI 32059	
The name and the Florida street  Robert M Fa		registered agent are:	
	Nan	ne	
2536 NE Jur		•	
		O. Box NOT acceptable)	
Lee		FL 32059	
	City	Zip	
registered agent and agree to	ace designated i act in this capa	in this certificate, I hereby ac	ecept the appointment as ely with the provisions of c

utea of all accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
President	Robert M Fay Sr	
	2536 NE Juniper DR	(7)
	Lee, FL 32059	
1.		<u> </u>
AMBR/Secretary	Regina M Fay	<del>,</del>
	2536 NE Juniper DR	(A) * **
	Lee, FI 32059	
		ţ <sup>2</sup>
		<u> </u>
		; -
		<del> </del>
	<del></del>	
(Use attachment if necessary)		
LE V: Other provisions if any		
LE V: Other provisions, if any.		
LE V: Other provisions, if any.		
LE V: Other provisions, if any.		
LE V: Other provisions, if any.  REQUIRED SIGNATURE:		
	Tung SR.	
	Tuy SR.	
REQUIRED SIGNATURE:		a member
Signature of a member of This document is executed in accordance	r an authorized representative of ce with section 605.0203 (1) (b), Florida St	atutes. I am awar
Signature of a member of This document is executed in accordance	r an authorized representative of	atutes. I am awar
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of ce with section 605.0203 (1) (b), Florida St	atutes. I am awar

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

ARTICLE IV-

Company: