# L21000105829

(Requestor's Name)
(Address)
· ,
(Address)
(City/State/Zip/Phone #)
(OktyrolaterZipii Nono ny
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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2021 MAR -2 AM 8: 39 SECRETARY OF STATE TALL ALVANSEE, FL

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## **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporations	,	
SUBJECT: APES DELIVERY SER	VICE, LLC	
SUBJECT:	ne of Resulting Florida Limit	ed Company)
		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence co	ncerning this matter to:	
DANIEL WHITE		
(Contact Perso	on)	
(Firm/Compan	ny)	
115 KAYWOOD DRIVE		
(Address)		
SANFORD, FL 32771		
(City, State and Zi	p Code)	
DAN@APESDELIVERY.COM		
E-mail Address: (to be used for future	annual report notifications)	
For further information concerning	this matter, please call:	
DANIEL WHITE	at ( <u>850</u>	591-6706
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the followir dollars and drawn on a bank located	•	rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		
Mailing Address:	•	Street Address:
New Filing Section Division of Corporations		New Filing Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



February 23, 2021

DANIEL WHITE 115 KAYWOOD DRIVE SANFORD, FL 32771

SUBJECT: APES DELIVERY SERVICE, LLC

Ref. Number: W21000025614

We have received your document for APES DELIVERY SERVICE, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Neysa Culligan Regulatory Specialist III

Letter Number: 621A00004047

## **COVER LETTER**

TO: New Filing Section Division of Corporations	·	
	ICE. LLC	
SUBJECT.	of Resulting Florida Lim	nited Company)
	_	ation, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
Please return all correspondence conc	erning this matter to:	:
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(Contact Person)		_
(Firm/Company)		
115 KAYWOOD DRIVE		
(Address)		
SANFORD, FL 32771		
(City, State and Zip C	Lode)	_
DAN@APESDELIVERY.COM		
E-mail Address: (to be used for future and	nual report notifications)	_
For further information concerning thi	is matter, please call:	
DANIEL WHITE	at (_850	591-6706
(Name of Contact Person)	(Area Code	e) (Daytime Telephone Number)
Enclosed is a check for the following a dollars and drawn on a bank located in		processed by this office must be payable in US
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing F and Certificate of Status	Fees ☐\$180.00 Filing and Certified Cop	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

# Articles of Conversion

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

2021 MAR -2 AM 8: 40

SECRETARY OF STATE TALLAMASSEE, FL

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 prior to the filing of the Articles of Conversion is:

APES DELIVERY SERVICE INC.

(Enter Name of Other Business Entity)

	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	OCTOBER 13, 2006
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Αſ	PES DELIVERY SERVICE, LLC
	(Enter Name of Florida Limited Liability Company)

(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.)

<u>Note:</u> 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 this 26TH day of JANUARY	20 <u>21</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: DANIEL WHITE	Mile: AMBR
Signature(s) on behalf of Other Business Entity:	
Signature: Juan Follow	
Printed Name: JUAN FALCON	Title: PRESIDENT
Simmum Sangara De	
Printed Name: TAMARA POOLE	Title: VICE PRESIDENT
Signature:	
Signature:Printed Name:	Title:
Signaturo	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Tida.
rinted Name.	ride.
If Florida Corporation:	CUV
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
The state of the s	to portuoi mast organ
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
<del>-</del>	
All others: Signature of an authorized person.	
g	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

APES DELIVERY			···
(M	ust contain the words "Limited I	Liability Company, "L.1.,C.," or "L1,C.")	
ARTICLE II - A	ldress:		
		the principal office of the Limited	Liability Company is:
Principal Office A	Address:	Mailing Address:	
115 KAYWOOD DR	RIVE	115 KAYWOOD DRIVE	
(The Limited Liability C	egistered Agent, Regis	SANFORD, FL 32771  tered Office, & Registered Ager Registered Agent. You must designate an in	
ARTICLE III - R (The Limited Liability C business entity with an	egistered Agent, Regis ompany cannot serve as its own active Florida registration.)	tered Office, & Registered Ager	dividual or another
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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)

#### 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 AMBR	DAN WHITE	
7 (11) (1)	115 KAYWOOD DR	
	SANFORD, FL 32771	
AMBR	TAMMY WHITE	
THE	115 KAYWOOD DR	
	SANFORD, FL 32771	
AMBR	JUAN FALCON	
AMOR	PO BOX 952103	
	LAKE MARY, FL 32795	
AMBR	TAMMY POOLE	
	PO BOX 952103	<del></del>
	LAKE MARY, FL 32795	<u> </u>
(Use attachment if necessary)		
TICLE V: Other provisions, if any.		SEE, FL

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.

DANIEL WHITE

REQUIRED SIGNATURE;

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)