12100/20437

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

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02/16/21--01030--010 **185.00

CALL CO TO WITH 500

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TO: New Filing Section

COVER LETTER

Division of Co	orporations				
SUBJECT: Champion	n Trucking LLC				
	(Name of Res	ulting Florida Lii	nited Cor	mpany)	
	-	_	,	nd fees are submitted to conve accordance with s. 605.1045, I	
Please return all corre	spondence concerning	g this matter to) ;		
Steven J Lapp					
	(Contact Person)	-			
Champion Trucking Inc					
	(Firm/Company)				
8796 Snellgrove Av N					
	(Address)				202
Jacksonville FL 32220					2021 FEB
(C	Sity, State and Zip Code)		_	•	co
sjlapp@aol.com					5
E-mail Address: (to be	used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please cal	l :		
Steven J Lapp		_at (910	6059	•
(Name of Contac	ct Person)	(Area Coo	de) (Day	ytime Telephone Number)	
Enclosed is a check for dollars and drawn on	_	•	proces	sed by this office must be pay	able in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Fili and Certified C		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Conversion For "Other Business Entity"

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 A Champion Trucking Inc	rticles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a S corporatoon	
(Enter entity type. Example: corporation, limited partnership, general partnership, co	
First organized, formed or incorporated under the laws of Enter state, or if a non-U.S. entity	y, the name of the country)
on 4/30/1998 (date of organization, formation or incorporation)	,,,
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached	Articles of Organization:
Champion Trucking LLC	
(Enter Name of Florida Limited Liability Company)	 '
(The effective date: Cannot be prior to date of receipt or filed date nor more that 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 document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable statu	tes.
6. The "Converted or Other Business Entity" has agreed to pay any members having ap which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	praisal rights the amount to
	2021 FEB 16 AM 11: 5
- 11100 8HICH	16 A 10
796000 84101	** II : 5

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

Signed this 12th	day of <u>February</u>	20
Signature of Author	rized Representative of	Limited Liability Company:
Ciamatura - C a colorio	zed Representative:	10101 Pass
Printed Name: Steven	J Lapp	Tid. Provided
Trince Harie.	<u> </u>	Title: President
Signature(s) on bella	H of Other Business Ent	ity: [See below for required signature(s)]
Signature:	101 /200	[[[]]]
Signature: 120 U	MA SOLL	
Printed Name:		Title: President
Signature:		
Printed Name:	~	Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
		rac.
If Florida Corporatio		
Signature of Chairman	, Vice Chairman, Director	r, or Officer.
If Directors or Officers	s have not been selected, a	n Incorporator must sign.
If Florida General Pa	rtnership or Limited Lis	phillips Deads and L.
Signature of one Gener	rai Partner.	ADMICY PARTNERSHID:
If Florida Limited Pa	rtnership or Limited Liz	bility Limited Partnership:
Signatures of ALL Ga	neral Partners.	
All others:		
Au valera: Signature of an authori	zed nerson	
	and products.	
Fees:		
Articles of Cor	iversion:	\$ 25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

121 FEB 16 AM 11:57

To: 19047810118

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - I The name of the	Name: e Limited Liability Comp	pany is:	
Champion Truck			
	(Must contain the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -			
The mailing add	dress and street address o	of the principal office of the Limite	ed Liability Company is:
Principal Offic	e Address:	Mailing Address:	
8796 Snellgrove	Av N	Same	
Jacksonville FL 3			
ARTICLE III	- Registered Agent, Reg	eistered Office, & Registered Ag	ent's Signature:
(The Limited Lizbilit		wn Registered Agent. You must designate an	
The name and t	he Florida street address	of the registered agent are:	
	Otavas II sas		•
	Steven J Lapp	Name	
	8796 Sneligrove Av N	es (D.O. Dev NOT secontable)	
	Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)	
	Jacksonville ———————————————————————————————————	FL 32220	
	City	Zip	
liability co registered ag statutes rela	ompany at the place designent and agree to act in thi ating to the proper and co	nt and to accept service of process f nated in this certificate, I hereby ac s capacity. I further agree to comp mplete performance of my duties, a on as registered agent as provided f	cept the appointment as ly with the provisions of all and I am familiar with and
	Mein	J. Loff	20
,	Registered Agen	t's Signature (REQUIRED)	TEB .
	(CC	ONTINUED)	3/6

\$ 5.00 Certificate of Status (Optional)

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Page: 6 of 6

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

	Name and Address:	
'AMBR" = Authorized Member		
'MGR" = Manager		
MGR	Steven J Lapp	
	8696 Snellgrove Av N	
	Jacksonville FL 32220	
AMBR	Cynthia Lapp	
	8696 Sneligrove Av N	-
	Jacksonville FL 32220	
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(Linn attack mant if a consona)		
(Use attachment if necessary)		
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LE V: Other provisions, if any.		
LE V: Other provisions, if any.	to 1 1 20	
•	tems. Loff	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	tems. Lopp	
REQUIRED SIGNATURE:	tor an authorized representative of a member	
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant.	nce with section 605.0203 (1) (b), Florida Statutes. I am a	ware
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant.	or an authorized representative of a member now with section 605.0203 (1) (b), Florida Statutes. I am a comment to the Department of State constitutes a third degree	ware
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	nce with section 605.0203 (1) (b), Florida Statutes. I am a	ware
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S. Steven J Lapp	nce with section 605.0203 (1) (b), Florida Statutes. I am a cument to the Department of State constitutes a third degree of the constitutes are constituted as the degree of the constitutes are constituted as the degree of the constitutes are constituted as the constitutes are constituted as the constitute are c	ware fi
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S. Steven J Lapp	nce with section 605.0203 (1) (b), Florida Statutes. I am a	ware fee fe

\$ 30.00 Certified Copy (Optional)