LZ1000178850

(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:

Office Use Only



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03/25/21--01020--016 **150.00

WELLANGSSEE FLORIDA

T. EURCH APR 2 6 2021

COVER LETTER

nited Company)
ation, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
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<u>:</u>
)985-2417
le) (Daytime Telephone Number)
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Division of Corporations The Centre of Tallahassee

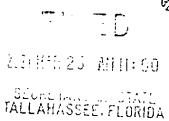
Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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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.

Constant Transport Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION P2 - 4848/ (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
06/25/2020 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Constant Transport 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 this 19 day of march	20 21		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: John Constant Printed Name: Jean Edwidg Constant Title: Ambr			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]			
Signature: Jean Foul Tous Tous Tous Tous Touring Ponsi	affille: <u>President</u>		
Signature: Printed Name:	Title:		
Signature: Printed Name:	Title		
Timed Name.	11(10:		
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.		
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.			
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)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Widst contain the Words Eminted Enghing)	Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5208 NW Downy CT POIT ST Lucie, FL 34983	POITST WWE FC 349 83
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe husiness entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Jean Edwidg Name	Constant
Name	
5208 NW D Florida street address (P.O.	Box NOT acceptable)

Port ST. Lucie FL 34983

City Zin

Registered Agent's Signature (REQUIRED)

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 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.,

Company,	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager A M B R	
AMBR	Jean Edwidg Constant
	PORT ST. LUCIP FL 34983
	SEC ALL
	[T].
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Jean Cous	leut
Signature of a member or a	n authorized representative of a member
i instruction is executed in accordance w	Oth section 605 0203 (1) (b) Clarida Canada L
as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree felony
JEAN CONSI	ANT
Type	ed or printed name of signee

Filing Fees
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-