L21000316571

(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

J. FASON
JUL 1 2 2021



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COVER LETTER

Division of C				
SUBJECT: PONE	TRANSPORTATION LLC	2		
	(Name of Re	sulting Florida Limite	ed Company)	
The enclosed Article Business Entity" int	es of Conversion, Artic o a "Florida Limited L	les of Organization	on, and fees are submitted to in accordance with s. 605.	convert an "Other 1045, F.S.
Please return all com	respondence concernin	g this matter to:		
GREISY SUAREZ				
	(Contact Person)			
DIRECT SOLUTION :	SERVICES			
	(Firm/Company)			
1248 Viscaya Pkwy				
	(Address)			
Cape Coral, FL 33990)			
(City, State and Zip Code)			
info@directsolutionse	rvices.com			
E-mail Address: (to l	oe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
GREISY SUAREZ		_at (239)	443 5846	
(Name of Conta	act Person)	(Area Code)	(Daytime Telephone Number)	-
Enclosed is a check I dollars and drawn or	for the following amou a bank located in the	nt: (All checks pr United States)	ocessed by this office must	be payable in US
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		
Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations	? I	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2021

GREISY SUAREZ 1248 VISCAYA PKWY CAPE CORAL, FL 33990

SUBJECT: P ONE TRANSPORTATION LLC

Ref. Number: W21000077890

91:1 H4 11111111111111

We have received your document for P ONE TRANSPORTATION LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Letter Number: 321A00011631

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION	
(Enter entity type. Example: corporation, limited partnership, general partnership, common	l 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 r	name of the country)
03/17/2021 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Organization:
P ONE TRANSPORTATION LLC	Đ.
(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 the date this document is filed by the Florida Department of State.)	calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	I rights the amount to
	2021 (87)
	-:

Signed this 27 day of APRIL	20_21
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: PAULNER BRUNO	Contined P
Signature(s) op behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Autinex Printed Name 200 1001 64400	Title: P(0S1dQn)
Signature:Printed Name:	Title
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Litte:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
<mark>If Florida General Partnership or Limited Liabili</mark> Signature of one General Partner.	tv Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
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

P ONE TRAI	NSPORTATION LLC	
1 ONE ITA		ted Liability Company, "L.L.C.," or "LLC.")
	II - Address: address and street address	of the principal office of the Limited Liability Company is:
Principal O	Office Address:	Mailing Address:
5357 TREET	OPS DRIVE	5357 TREETOPS DRIVE
NAPLES, FL	34113	NAPLES, FL 34113
	_	
	_	s of the registered agent are:
	nd the Florida street address	of the registered agent are: Name
	nd the Florida street address	nt, Registered Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual or another ration.) ddress of the registered agent are: JNO Name
	PAULNER BRUNO 5357 TREETOPS DE	Name
	PAULNER BRUNO 5357 TREETOPS DE	Name RIVE ess (P.O. Box <u>NOT</u> acceptable)
	PAULNER BRUNO 5357 TREETOPS OF Florida street address	Name RIVE ess (P.O. Box <u>NOT</u> acceptable) FL 34113

(CONTINUED)

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	PAULNER BRUNO	
AINDIC	5357 TREETOPS DRIVE	· ····································
	CAPE CORAL, FL 34113	
	57.0 2 5 57.0 12, 1 2 5 1 1 1 5	
MGR	ERLIE O BRUNO	
	5357 TREETOPS DRIVE	
	CAPE CORAL, FL 34113	
		_
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		_ _
		<u> </u>
(Use attachment if necessary)		
(o o o unumitent in necessary)		. 9:1
		64
CLE V: Other provisions, if any.		
REQUIRED SIGNATURE:	p). O	

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.

PAULNER BRUNO

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)