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| (C | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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| SHR | IFCT: Zenprin | Transport System LLC | | | | | |
| JOB | <u> </u> | , (Name of Re | sulting Florida Limi | ted Cor | npany) | - | |
| The e Busin | enclosed Article ness Entity" into | es of Conversion, Artic o a "Florida Limited L | les of Organizati iability Company | on, an /" in a | nd fees are submitted to eccordance with s. 605.1 | convert ar 1045, F.S. | i "Othe |
| Pleas | e return all corr | espondence concernin | g this matter to: | | | | |
| Leone | el Martinez Corch | nó | | | | 坪 | 29.5 |
| | | (Contact Person) | | - | | • | |
| Zenpr | in Transport Sys | tem Inc | | _ | | *** *** | 2021 HAY 24 |
| | | (Firm/Company) | - | | | | £. |
| 2425 | NE Juanita Place | e | | | | | 7- |
| | | (Address) | | | | | (,) |
| Cape | Coral FI, 33909 | | _ | | | • | |
| | (| City, State and Zip Code) | | | | | |
| Martin | nezcorcho@gma | il.com | | | | | |
| E-t | nail Address: (to b | e used for future annual re | port notifications) | | | | |
| For fi | irther informati | on concerning this ma | tter, please call: | | | | |
| Leone | el Martinez Corch | 00 | at (239 | 560-9 | 9049 | _ | |
| | (Name of Conta | ict Person) | (Area Code) | (Day | vtime Telephone Number) | | |
| | | for the following amou a bank located in the | | roces | sed by this office must | be payable | in US |
| (\$25 fc & \$12: | 0.00 Filing Fees or Conversion 5 for Articles unization) | ☐S155.00 Filing Fees and Certificate of Status | □\$180,00 Filing and Certified Cop | | □S185.00 Filing Fees, Certified Copy, and Certificate of Status | | |
| 4 | Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I | orporations 7 | | New Divis The C | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite | e 810 | |

Tallahassee, FL 32303

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Zenprin Transport System Inc |
|---|
| (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. |
| (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) |
| 01/17/2009 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: Zenprin Transport System 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 15 day of May | 20 | | | |
|---|--|------------|---------------|-----|
| Signature of Authorized Representative of Limitary | | | | |
| Signature of Authorized Representative:y | Title: President | | | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] | | | |
| Signature: Printed Name: LEWEL HARTIN | etile: Presidente / auno | ~ : | | |
| Signature: - Printed Name: - | • | | | |
| Signature:Printed Name: | Title: | | | |
| Signature:Printed Name: | Title: | | | |
| Signature:Printed Name: | Title: | | | |
| Signature:Printed Name: | Title: | | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. | | | | |
| lf Florida General Partnership or Limited Liabili | ty Partnership: | . *• | | |
| Signature of one General Partner. | | - · | 2021 MAT | |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | ty Limited Partnership: | | 4AT 24 | |
| All others: Signature of an authorized person. | | ~ | <i>></i> : | , ; |
| Fees: | | 1. | 7. CD L | |
| 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 FO | OR FLORIDA LIM | MITED LIAE | BILITY CO |
|--|---|--|-------------------------|------------------------------------|
| ARTICLE I The name of the | - Name: the Limited Liability Compa | any is: | | |
| Zenprin Transp | oort System LLC (Must contain the words "Limited | Liability Company, "L.L. | .C.," or "LLC.") | |
| ARTICLE II The mailing a | | | | d Liability C |
| Principal Off | ice Address: | Mailing Ac | ddress: | |
| 2425 NE Juani Cape Coral FI | | 2425 NE Ju Cape Coral | | |
| (The Limited Liab business entity w | I - Registered Agent, Regi ility Company cannot serve as its ow ith an active Florida registration.) the Florida street address of Lenoel Martinez Corche | n Registered Agent, You of the registered age | must designate an i | ent's Signati individual or and |
| (The Limited Liab business entity w | ility Company cannot serve as its ow ith an active Florida registration.) the Florida street address of | of the registered ages Name (P.O. Box NOT ac | nt are: | ent's Signati individual or and |
| (The Limited Liab business entity w | ility Company cannot serve as its ow ith an active Florida registration.) the Florida street address of Lenoel Martinez Corcho 2425 NE Juanita place Florida street address | of the registered ages Name S (P.O. Box NOT ac | nt are: cceptable) Zip | individual or and |

ARTICLE IV-

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

| <u>Title:</u> | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| AMBR | Leonel Martinez Corcho |
| | 2425 NE Juanita Place |
| | Cape Coral FL 33909 |
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| LE V: Other provisions, if any. | |
| LE V. Other provisions, ir any. | |
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| REQUIRED SIGNATURE: | |
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| v / | · |
| 1 7 | |
| 7/17 | |
| Signature of a member or | an authorized representative of a member |
| This document is executed in accordance | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware t |
| This document is executed in accordance | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware t ument to the Department of State constitutes a third degree fel |

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)