L21000350172

(Reque	estor's Name)	
(Addre	ess)	
(Addre	SS)	
(City/S	tate/Zip/Phone #	(f)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)
(Docus	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only

\U210w99499

AUG 0 4 2021

T. SCOTT



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SHEET OF STATE

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July 13, 2021

XAVIER ZULUAGA VIERA 685 ASCOT CIR. ORLANDO, FL 32825

SUBJECT: RIJO TRUCKING LLC Ref. Number: W21000099499

We have received your document for RIJO TRUCKING LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Conversion must be sign.,

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

.

Letter Number: 621A00015962

COVER LETTER

TO:	New Filing S Division of C					
SHRI	ECT: Rijo Truc	cking LLC				
3000	LC1	(Name of Res	ulting	Florida Limit	ed Cor	npany)
						nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this	s matter to:		
Xavier	Zuluaga Viera					
		(Contact Person)				
XZiapo	c Accounting					
		(Firm/Company)				
685 As	scot Cir.					
		(Address)				
Orland	lo FL, 32825	,				
	<u> </u>	21 S 21. C1.				
iouco	י) rijo@outlook.cor	City, State and Zip Code)				
E-n	iaii Address: (10 c	e used for future annual re	port n	ourications)		
For fu	rther informati	on concerning this ma	tter, j	please call:		
Xavier	Zuluaga Viera		at (,407	\421-	5860
	(Name of Conta	ect Person)	a. ((Area Code)) (Day	5860 rtime Telephone Number)
		or the following amou a bank located in the			roces	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status		5180.00 Filing Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S					t Address: Filing Section
	Division of C					ion of Corporations
	P.O. Box 632					Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

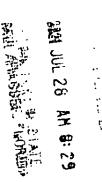
Into

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 Articles of Conversion is:

Rijo Trucking Corp.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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
05/10/2021
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Rijo Trucking 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 6th	_ day of July	20 <u>_U</u>
		rized Representative of Lin	
Signatu	re of Authoria	zed Representative:	ie Kindoan
Printed	Name: Josue F	ernando Rijo Lopez	Title: Owner
Timed	rvame.	Oliveria Chip Lopus	
Signatu	re(s) on <u>beha</u>	lf of Other Business Entity:	[See below for required signature(s)]
	14.	1) 1	
🫈 ignatur	re: Sou	Righty Louis	A
// Printed	Name: 76	sur the Logic	- Title: Dwylv
C:		. 7	
		·	Title:
Timed	Name		True
Signatur	re:		
Printed	Name:	4444444	Title:
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Printed [Name:		Title:
C: .			
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rinica	ivanic		True.
Signatus	re·		
Printed	Name:		Title:
	· · · · ·		
	da Corporatio		
		n, Vice Chairman, Director, or	
If Direct	tors or Officer	s have not been selected, an In	ncorporator must sign.
ICTI	d - C 1 D		Par D
	<u>ua Generai ra</u> re of one Gene	artnership or Limited Liabil	nty Partnersnip:
Signatui	ie of one Gene	iai i artifei.	
If Florid	da Limited Pa	artnership or Limited Liabil	ity Limited Partnership:
		eneral Partners.	
_			
All othe			
Signatur	re of an author	ized person.	
r.			
<u>Fees:</u>			
	Articles of Co	invarcion:	\$25.00
		da Articles of Organization:	\$25.00 \$125.00
	Certified Cop	•	\$30.00 (Optional)
	Certificate of	=	\$5.00 (Optional)
	Commodite of		obio (optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Lia	bility Company is	:	
Rijo Trucking LLC			
	words "Limited Liabili	ty Company, "L.L.C.," or "LLC	.")
ARTICLE II - Address:			
The mailing address and stre	et address of the p	rincipal office of the Lir	nited Liability Company is:
Principal Office Address:		Mailing Address:	
531 Lakeview Ct.		531 Lakeview Ct.	
Kissimmee, FL 34759		Kissimmee, FL 34759	
			
531 Lake	registration.) reet address of the rnando Rijo Lopez Nam view Ct.	registered agent are:	_
Florida	street address (P.C	D. Box <u>NOT</u> acceptable)	1
Kissimme	e	FL 34759	_
	City	Zip	
liability company at the registered agent and agree statutes relating to the pro	place designated in to act in this capacioper and complete of my position as re	n this certificate, I hereby city. I further agree to co performance of my dutie	ess for the above stated limited waccept the appointment as omply with the provisions of all is, and I am familiar with and ed for in Chapter 605, F.S

(CONTINUED)

CASE COLL 26 AN BY 29

Δ	DT.	F	IV
\mathbf{H}	n I	 aF.	J V -

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	Javas Farnanda Diia Lanan		
AMBR	Jouse Fernando Rijo Lopez		
			
	· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)			
LE V: Other provisions, if any.			
LE V: Other provisions, if any.			
	 -		
REQUIRED SIGNATURE:			
V2 1/1 A			
NOTELL (IL HOUS)			
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 th		
any false information submitted in a docur as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree feld		
as provided for in s.o. 7.195, 1.5.			
Josue Fernando Rijo Lopez			
	ped 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)