# L21000360344

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Seesial technistics to Filips Officer
Special Instructions to Filing Officer:
<u> </u>
}
}
}

Office Use Only



100371333931

08/09/21--01015--007 \*\*150.00

TALL ARASSEL, I LOADA

D O'KEEFE AUG 11 2021

#### COVER LETTER •

TO: New Filin Division of	g Section of Corporations		
SUBJECT:	Wright L	OgiSTICS L	Company)
The enclosed Arti Business Entity"	cles of Conversion, Artic	les of Organization,	, and fees are submitted to convert an "Other n accordance with s. 605.1045, F.S.
Please return all c	orrespondence concernin	g this matter to:	
micah N	(Contact Person)		
Wright Li	GISTICS UC (Firm/Company)		
1326 Tomo	Ka Tow ( Center (Address)	er D. Apt. 11	
Daytora	Beach, FL (City, State and Zip Code)	32117_	
MUTEU10 E-mail Address:	1850 gmail. (to be used for future annual re		
For further inform	nation concerning this ma	tter, please call:	
M KQ h (Name of C	OteU ontact Person)	at ( <u>804</u> ) (Area Code) (	Daytime Telephone Number)
	ck for the following amou on a bank located in the		cessed by this office must be payable in US
\$150.00 Filing Fe (\$25 for Conversion & \$125 for Articles of Organization)	es	□\$180,00 Filing Fee and Certified Copy	es \$\Bigsigs\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing A New Filin Division o		Ne	reet Address:  w Filing Section  vision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a UC Sole Proprietor (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the laws of Vtroinia (Enter state, or if a non-U.S. entity, the name of the country)
on 5 7 2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
M&B Carriers UC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 127 2021.  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days afte
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.

21 AUE -9 PH 12: 43

Signed this 27th day of July	20_21			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative Printed Name: Severly A. Dieu	Title: Authorized Rep	<u>)</u> .		
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)			
Signature: Mean Ola				
Printed Name: MICAN OHLY	Title: Duner manager	- -		
Signature:		_		
Signature:Printed Name:	Title:	_		
Signature:		_		
Printed Name:	Title:			
Signature:				
Signature:Printed Name:	Title:	_ _		
Signature:				
Printed Name:	Title:	_ <del>_</del>		
Signature:				
Printed Name:		<b>-</b> -		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation	Officer.			
If Directors or Officers have not been selected, an Inc		Z).	Ŋ	
If Florida General Partnership or Limited Liabilit	v Partnership:		_ ~	
Signature of one General Partner.		\$1 \$2.5	ر دی	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		9 PM 12: 4:3	:
All others: Signature of an authorized person.				
<u>Fees:</u>				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional)			
Certificate of Status:	\$5.00 (Optional)			

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
MAB CAPPIERS LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1326 Tomoka Town Center I Apt. 111 Drytora Beach. FL 32117	Dr. 1324 Tomoka Town Center Dr.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Beverly Oter	<del>y</del>
1326 Tomoka Tou Florida street address (P.O.	un Conter Dr. Apt. 111 Box <u>NOT</u> acceptable)
Daytina Beach City	FL 32117 Zip
Having been named as registered agent and to liability company at the place designated in	accept service of process for the above stated limit this certificate, I hereby accept the appointment as

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..

Registered Agen(') Signature (REQUIRED)

(CONTINUED)

PIL CO 21 AUS -9 PH 12: K3 SLONT TACK A STATE TALLAHASSEE, FLORIDA

ARTICLE	IV-
---------	-----

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Micah Ottey 1326 Tomoka Town Center Dr. 1914-111 Daytona Beach FL 32
<u>ambr</u>	Reverly Otey Bzy Tomoka Town Conter Dr. Apt. 111 Daytona Beach FL 3211
(Use attachment if necessary)	21 AUG -9 PM AILL/HASSEE, F
ICLE V: Other provisions, if any.	7
())A	<u>ު3</u>
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
micah Otey	
$\mathcal{I}_{y_{\mathbf{i}}}$	oed 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)

## Commonwealth of Hirginia



### State Corporation Commission

#### CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That WRIGHT LOGISTICS LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on May 7, 2018; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Scaled at Richmond on this Date:

July 7, 2021

Bernard J. Logan, Clerk of the Commission