21000420506

(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

W2/WW115094

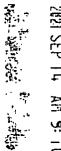
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T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2021

ANTHONY MORALES MYUSACORPORATION.COM 1 RADISSON PLAZA, SUITE 800 NEW ROCHELLE, NY 10801

SUBJECT: RAJEWSKI LOGISTICAL SERVICES, LLC

Ref. Number: W21000115094

We have received your document for RAJEWSKI LOGISTICAL SERVICES, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of articles missing.,

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

2021

Letter Number: 721A00020035

COVER LETTER

TO:	New Filing S Division of C				
SUR	IFCT: RAJEW	SKI LOGISTICAL SERV	ICES, LLC		
SOD	, , , , , , , , , , , , , , , , , , ,		sulting Florida Limi	ted Cor	npany)
			-		nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Antho	ony Morales				
		(Contact Person)		-	
MyUS	SACorporation.co	om		_	
		(Firm/Company)			
1 Rac	disson Plaza, Sui	te 800		_	
		(Address)			
New I	Rochelle, New Y	ork, 10801		_	
	(City, State and Zip Code)		_	
)myusacorporatio			_	
E-r	mail Address: (to b	be used for future annual re	port notifications)		
For fu	urther informati	on concerning this ma	tter, please call:		
Antho	ony Morales		at (<u>877</u>	330-	26-77
	(Name of Conta	act Person)		(Day	rtime Telephone Number)
		for the following amou a bank located in the	•	roces	sed by this office must be payable in US
(\$25 fc & \$12.	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
The "Other Business Entity" is a
irst organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
10/19/2017 n
(date of organization, formation or incorporation)
The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: AJEWSKI LOGISTICAL SERVICES, LLC
(Enter Name of Florida Limited Liability Company)
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.) Ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records. 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 appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 12th day of August	20_21
Signature of Authorized Representative of Limi	
Signature of Authorized Representative Printed Name: RICK RAJEWSKI	Title: MEMBER
Signature(s) on behalf of Other Business Entity;	[See below for required signature(s)]
Signature: (Signature: Signature	
Signature: Printed Name: RICK RAJEWSKI	Title: MEMBER
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:					
	mited Liability Compar	ıy is:				
		ICAL SERVICES, LLC	·			
(Mus	st contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Ade	dress.					
		the principal office of the Limit	ed Liability Company is:			
C		• •				
Principal Office A	<u>ddress:</u>	Mailing Address:	Mailing Address:			
2174 MALLORY CIR	CLE	2174 MALLORY CIRCLE				
HAINES CITY, FL, 3		HAINES CITY, FL, 33844				
(The Limited Liability Co business entity with an a	ompany cannot serve as its own ctive Florida registration.) Florida street address of	tered Office, & Registered Ag Registered Agent. You must designate and the registered agent are:				
		RAJEWSKI				
	1	Name				
	2174 MALLORY CIRCLE	E				
	Florida street address	(P.O. Box NOT acceptable)				
	HAINES CITY	FL ³³⁸⁴⁴				
	City	Zip				
liability compo registered agent a statutes relating	any at the place designation and agree to act in this control to the proper and compligations of my position of	and to accept service of process, ted in this certificate, I hereby acceptacity. I further agree to compolete performance of my duties, as registered agent as provided for Signature (REQUIRED)	ccept the appointment as ply with the provisions of al and I am familiar with and			

A	RT	ľ	CI	LE	IV-
			v		

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	RICK RAJEWSKI		
	2174 MALLORY CIRCLE		
	HAINES CITY, FL, 33844		
(Use attachment if necessary)			
• • • • • • • • • • • • • • • • • • • •			
TICLE V: Other provisions, if any.			
, ,			
	M		
REQUIRED SIGNATURE:			
(1.4)	Lawin		
	The state of the s		
Signature of a mamber o	er an authorized representative of a member		
	or an authorized representative of a member use with section 605.0203 (1) (b), Florida Statutes. I am aware that		
	cument to the Department of State constitutes a third degree felon		
as provided for in s.817.155, F.S.	summer to the Department of State Committees a time degree selon		
	BIOK BA IDNOK		
	RICK RAJEWSKI		
3	Typed or printed name of signee		
	Filing Fees		
	s of Organization and Designation of Registered Ago		
\$ 30.00 Certified Copy (Option	onal) \$ 5.00 Certificate of Status (Optional		