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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Document Number)
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2021 SEP 17 PM 1: 35

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT:	g Florida Limited Company)
	of Organization, and fees are submitted to convert an "Other ity Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this	s matter to:
(Contact Person) (Contact Person) (Firm/Company)	
12321 SW 187	n St
(Address) Mi Sui Fl 331 (City, State and Zip Code)	77
E-mail address: (to be used for future admual report	
For further information concerning this matter,	please call:
(Name of Contact Person) at	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (dollars and drawn on a bank located in the Unit	All checks processed by this office must be payable in US ed States)
	S180,00 Filing Fees. d Certified Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHSII (7/17) Advian Yans San Blas Lisdanta Syntana

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	y" immediately prior	to the filing of the A	rticles of Co	onversion is:
	(Enter Name	of Other Business Entit	<u>, LLC</u>	·	
2. The "Other Bus (Enter e	iness Entity" is antity type. Example: corpor	ration, limited partnersh	(Single M ip, general parth ship, co	ewbe	business trust, etc
First organized, for	med or incorporated un	der the laws of(Enter st	ate, or if a non-U.S. entity	y, the name of	the country)
on(date of organization	128/2018 on, formation or incorporation	on)			
3. The name of the	Florida Limited Liabili CEnter Name of Florid		forth in the attached.		Organization:
(The effective date the date this docur <u>Note:</u> If the date insert	on the date of filing, ent :: Cannot be prior to d ment is filed by the Flo ed in this block does not me ate on the Department of Sta	late of receipt or fil orida Department of set the applicable statuto	ed date nor more the of State.)		•
5. The plan of conv	ersion has been approve	ed in accordance wi	th all applicable statut	tes.	
6. The "Converted c which such mem	or Other Business Entity bers are entitled under ss	has agreed to pay ar s, 605,1006 and 605.1	ny members having ap 1061-605,1072, F.S.	praisal rights	s the amount to
Adi	rian Yanns S Solania Sa	an Blas		TALLAHAS	2021 SEP 17

Signed this 26 day of Hugo 6	t 20 2021.
Signature of Authorized Representative of Lim	
Signature of Authorized Rapresentative: All	• • • • • • • • • • • • • • • • • • • •
Signature(s) on behalf of Other Business Entity:	
Signature: Advan Tours San Bl Printed Name: Advian Janes San E	as President
Signature: Lisdania antana Printed Name: Lisdania Santana	Title: VSv.
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty 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.	
Fe <u>es:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Adrian Yanes San Blas Lisdania Santona

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Janes Tra	nsport, LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12321 SW 187th St Midni, FL 33177	< 3ame
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 relation was same and the Florida street address of the relation was same address (P.O. Florida street address (P.O.	nes Son Blas J 187th St.
1 .	FL 33177 Zip
hability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate. I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S

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

Title: "AMBR" = Authorized Member "MGR" = Manager LIGHT. RESCLONG A Control of the control of	Name and Address: Lisdania Santana 12321 Sw 187th St. Liami, FL 33177 Marian Jares Santas 12321 Sw 187th St. Liami, FL 33177
(Use attachment if necessary) ARTICLE V: Other provisions, if any.	2021 SEP 17 PH
REQUIRED SIGNATURE:	36
any false information submitted in a docume as provided for in \$,817,155, F.S.	authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am aware that not to the Department of State constitutes a third degree felony dor printed name of signee
\$125.00 Filing Fee for Articles of C \$ 30.00 Certified Copy (Optional)	Filing Fees Organization and Designation of Registered Agent S 5.00 Certificate of Status (Optional)

Lisdanis Sm. Jans