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(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:	
W2100118009	

Office 86 Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2021

ANTHONY JUKES 4024 LAWRENCEVILLE HWY, SUITE 17, BOX 11 LILBURN, GA 30047-2805

SUBJECT: 3A LOGISTICS LLC Ref. Number: W21000118009

We have received your document for 3A LOGISTICS LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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: 921A00020758

Division of Compositions D.O. DOV 6297 Tollohouses Florida 2921

COVER LETTER

TO:	New Filing S Division of C				
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SUB.	JECT: 3A Logi		sulting Florida Limi	tad Cou	
		(Name of Re	eminis Lionas min	iea Coi	mpany)
The e Busin	enclosed Article ness Entity" into	es of Conversion, Artico o a "Florida Limited L	cles of Organizati iability Company	on, ar	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
Antho	ony Jukes				
		(Contact Person)			
3A Lo	gistics LLC				
	<u>-</u>	(Firm/Company)		•	
4024	Lawrenceville H	wy, Suite 17, Box 113			
		(Address)		•	
Lilburi	n, GA 30047-280)5			
	(City, State and Zip Code)			
3alogi	istics.usa@gmai	l.com			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	inther informati	on concerning this ma	tter, please call:		
Antho	ny Jukes		_at (<u>6</u> 78	ູ357-	4975
	(Name of Conta	ect Person)		(Day	time Telephone Number)
Enclos dollar:	sed is a check f s and drawn on	or the following amou a bank located in the	int: (All checks p United States)	rocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addr New Filing So Division of C P.O. Box 632	ection orporations		New I Divisi	Address: Filing Section on of Corporations entre 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 8.605,1045, Florida Statutes.

(date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiz 3A Logisitics 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 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 a	·
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country of the organization of the formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiz 3A Logisitics 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 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 a	·
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5. 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 amo which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	unt to

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Signed this 23rd day of August	
Signature of Authorized Representative of Lin	
Signature of Authorized Representative: Anthorized Name: Anthony Jukes	ony Oukes
Printed Name: Anthony Jukes	Tive: Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(
Signature:	
Signature: Anthony Jakes	Title: Wember
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rimed rune.	THE.
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:	Title
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or	Officer
f Directors or Officers have not been selected, an In	
	, , , , , , , , , , , , , , , , , , ,
f Florida General Partnership or Limited Liabili	ity Partnership:
Signature of one General Partner.	
f Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
ignature of an authorized person.	
e a a a a a a a a a a a a a a a a a a a	
Cees:	
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Articles of Conversion:	\$25.00
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
3A Logistics LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3A Logisitics LLC	3A Logisitics LLC
4024 Lawrenceville Hwy, Suite 17, Box 113	4024 Lawrenceville Hwy, Suite 17, Box 113
Lilburn, GA 30047-2805	Lilburn, GA 30047-2805

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Anthony Jukes	
Na	me
7750 Belfort Pkwy, Unit 13	7
Florida street address (P	.O. Box NOT acceptable)
Jacksonville	FL 32256
City	Zip

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.

Anthony Jukes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

State of the second second second second second

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Anthony Jukes
	4024 Lawrenceville Hwy, Suite 17, Box 113
	Lilburn, GA 30047-2805
AMBR	Delano Howard
	4024 Lawrenceville Hwy, Suite 17, Box 113
	Lilburn, GA 30047-2805
(Use attachment if necessary)	
•	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	ées
REQUIRED SIGNATURE: Anthony Juke	
REQUIRED SIGNATURE: Anthony Jule Signature of a member or a This document is executed in accordance we	n authorized representative of a member
REQUIRED SIGNATURE: Anthony Signature of a member or a This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S. Anthony Jukes	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware the to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Anthony Signature of a member or a This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S. Anthony Jukes	n authorized representative of a member

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)