<u>L21000503349</u>

(R	equestor's Name)	
(A	ddress)	
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	it iCt-to-Ti-iDt 40	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
(D	locument Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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11/09/21--01003--015 **150.00

COVER LETTER

TO: **New Filing Section** Division of Corporations JOA ABREU TRANSPORTATION LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Articles of Domestication of a Non-U.S. Entity and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Carolina Habash - Richardson Joa Abreu Name of Person Tintos International I.I.C Firm/Company 5534 Hansel Ave. Address Orlando FL 32809 City/State and Zip Code sustaxes@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carolina Habash Daytime Telephone Number Name of Person **Mailing Address: Street Address: New Filing Section New Filing Section** Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

> Articles of Domestication: \$25 Articles of Organization: \$125 Total to Domesticate and file: \$150

November 17, 2021

CAROLINA HABASH 5534 HANSEL AVE ORLANDO, FL 32809

SUBJECT: JOA ABREU TRANSPORTATION LLC

Ref. Number: W21000148579

We have received your document for JOA ABREU TRANSPORTATION LLC and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Letter Number: 621A00027891

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: New Filing S Division of C				
SURJECT: JOA AB	REU TRANSPORTATIC	N LLC		
SOBJECT:		sulting Florida Limit	ed Comp	nany)
		_		fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Carolina Habash - Ric	hardson Joa Abreu			
	(Contact Person)			
Tintos International LL	.C			
	(Firm/Company)			
5534 Hansel Ave				
	(Address)			
Orlando, FL 32809				
(1)	City, State and Zip Code)			
sustaxes@gmail.com				
E-mail Address: (to b	oe used for future annual re	port notifications)		
For further informati	ion concerning this ma	tter, please call:		
Carolina Habash		_at (73144	98
(Name of Conta	act Person)	(Area Code)	(Dayti	ime Telephone Number)
	for the following amou a bank located in the	•	rocesse	ed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Street	Address:
New Filing Section			New Filing Section	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, l				entre of Tallahassee J. Monroe Street, Suite 810
rananassee, i	FL 32314		2410 N	v. Monroe Street, Stine 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

JOA ABREU TRANSPORTATION LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S, entity, the name of the country)
08/13/2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JOA ABREU TRANSPORTATION 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 11	day of November	
Signature of Auth	orized Representative of Lim	ited Liability Company:
C:	Z.7	Title: AMBR, MGR
Signature of Author	ardson los Abrou	Tile MARP MCP
Printed (Name) racii	aroson Joa Abred	TILLE: AWOK, WGK
		See below for required signature(s)
Signature: 20	charden fre Abran	Title: AMBR, MGR
Printed Name: Richa	ardson Joa Abreu	Title: AMBR, MGR
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:	·. · · · · · · · · · · · · · · · · · ·	litle:
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Orginature,		Title:
rimied Name:		title,
Signature:		
Printed Name:		Title:
If Florida Corpora	ation:	
	nan, Vice Chairman, Director, or	Officer.
	eers have not been selected, an In	
	Partnership or Limited Liabil	ity Partnership:
Signature of one Ge	eneral Partner.	
	Partnership or Limited Liabili	ity Limited Partnership:
Signatures of ALL	General Partners.	
All athores		
All others: Signature of an auth	varizad narcon	
oignature or an auti	iorized person.	
Fees:		
Articles of	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified C		\$30.00 (Optional)
Certificate	• •	\$5.00 (Optional)
Certificate	or otatus.	SERVICE CONTINUES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:
bility Company, "L.tC.," or "L.E.C.")
principal office of the Limited Liability Company is:
Mailing Address:
368 Bureigh St.
Orlando, FL 32824
red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:

nne
P.O. Box NOT acceptable)
FL ³²⁸⁰⁹
Zip
d to accept service of process for the above stated limited d in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of alvee performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

ARTICLE IV-

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, MGR	Joa Abreu, Richardson L
	368 Burleigh St
	Orlando, FL 32824
	
	
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	 C
	
(Use attachment if necessary)	
(Č
ICLE V: Other provisions, if any, purpose is any and all lawful business	
DEOLUBED SIGNATURE.	
REQUIRED SIGNATURE:	Asra
any false information submitted in a docur as provided for in s.817.155, F.S.	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 felor
any false information submitted in a docur as provided for in s.817.155, F.S. Richardson L Joa Abreu	with section 605.0203 (1) (b). Florida Statutes, I am aware tha nent to the Department of State constitutes a third degree felon
any false information submitted in a docur as provided for in s.817.155, F.S. Richardson L Joa Abreu	with section 605,0203 (1) (b), Florida Statutes, I am aware tha

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)