## L21000531012

	(Requestor's Name)	<u>.</u>	
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT	MAIL	
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of S	Status	
Special Instructions	to Filing Officer:		

Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

TO:

**New Filing Section** 

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: Atl Trans Dortation USA LIC
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Terosa Hinton
(Contact Person)
M-FLTransportation USA LLC (Firm/Company)
,
1529 Shell Point Brack
(Address)
Crawford ville FL 32327
(City, State and Zip Code)
leresa@AtLtransusA.com
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Teresa Hinton at (850) 445-0589
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States)
\$\sqrt{\$150.00 Filing Fees} (\$25 for Conversion & \$125 for Articles of Organization) \$\sqrt{\$155.00 Filing Fees} \\ and Certificate of \\ Status \\ \sqrt{\$185.00 Filing Fees} \\ and Certificate Of \\ Certificate of Status \\ \sqrt{\$185.00 Filing Fees} \\ \ \text{\$185.00 Filing Fees} \\ \tex
Mailing Address:  Street Address:
New Filing Section New Filing Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## 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, F. Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion  (Enter Name of Other Business Entity)		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a Limited Liabolity Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business to		
First organized, formed or incorporated under the laws of		
on LI-1-2016 (date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza		
A-1 Transportation USA UC (Enter Name of Florida Limited Liability Company)		
(Enter Name of Florida Ethinted Blacking Company)		
4. If not effective on the date of filing, enter the effective date:     -   - 202   (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		
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 amo

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signature of Authorized Representative of Limited Liability Company:  Signature of Authorized Representative Title: Title: MCRM  Printed Name: Title: MCRM  Signature: Printed Name: Title: MCRM  Signature: MCR	Signed this 30 day of September	20
Signature of Authorized Representative: Title: Title: MG RM  Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature: Printed Name: Title: MG MG RM  Signature: Printed Name: Title: MG MG RM  Signature: Printed Name: Title: MG MG RM  Signature: Title: MG RM  Signature: Tit	Signature of Authorized Representative of Limite	ed Liability Company:
Signature:   See below for required signature(s)    Signature:   Title:   Title:   Title:    Signature:   Title:   Title:    Signature of Chairman, Vice Chairman, Director, or Officer.    If Florida Corporation:   Signature of Chairman, Vice Chairman, Director, or Officer.    If Florida General Partnership or Limited Liability Partnership:    Signature of one General Partner.    If Florida Limited Partnership or Limited Liability Limited Partnership:    Signatures of ALL General Partners.    All others:    Signature of an authorized person.    Fees:    Articles of Conversion:   \$25.00    Fees for Florida Articles of Organization:    \$30.00 (Optional)    Salono (Optional)    Salono (Optional)	Signature of Authornion 1-54	$ \uparrow$ $\downarrow$ $\downarrow$
Signature:   See below for required signature(s)   Signature:   Title:   Title:   Title:   Signature:   Title:   Title:   Signature of Chairman, Vice Chairman, Director, or Officer.   If Florida Corporation:   Signature of Chairman, Vice Chairman, Director, or Officer.   If Florida General Partnership or Limited Liability Partnership:   Signature of one General Partner.   If Florida Limited Partnership or Limited Liability Limited Partnership:   Signatures of ALL General Partners.   All others:   Signature of an authorized person.   Fees:   Articles of Conversion:   S25.00   Fees for Florida Articles of Organization:   S125.00   Certified Copy:   S30.00 (Optional)	Signature of Authorized Representative:	- UCOM
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Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Title: Signature of Chairman, Director, or Officer. If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners.  If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others: Signature of an authorized person.  Eces:  Articles of Conversion: Fees for Florida Articles of Organization: S125.00 Certified Copy: S30.00 (Optional)	$\leq //(l)$	
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Certified Copy: \$30.00 (Optional)	Fees for Florida Articles of Organization:	\$125.00
		\$30.00 (Optional)
		\$5.00 (Optional) 🗸

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPAN
ARTICLE 1 - Name: The name of the Limited Liability Company is:	21 NOV 30 M
AtL Transportation LiS (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Compan
Principal Office Address:	Mailing Address:
1529 Shell Point Road Crawford Ville, FL 32327	1529 Shell Point Road Crawford VILE, FL 32327
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	icicu Agent. Tou must designate at the
The name and the Florida street address of the r	egistered agent are:
Teresa Hint	σγ\
<b>-</b>	Point Road
Crawford Ville	FL 32327
City	Zip
liability company at the place designated in registered agent and agree to act in this capacity the proper and complete.	o accept service of process for the above stated l n this certificate, I hereby accept the appointmen city. I further agree to comply with the provision performance of my duties, and I am familiar with egistered agent as provided for in Chapter 605, F

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  CLENCE M (-PM)	Teresa Hinton 1529 Shell Yound Rd Crautadville, FL 32327
<u>CEC</u> - MGX	Scan Hinton 1529 Shell Point Rd Crawford Ville, FL 32527
ACCT - MCX	Roth Frith 3306 County PA 7545 Lubback JX 79423
	•
(Use attachment if necessary)	
TCLE V: Other provisions, if any.	one.
REQUIRED SIGNATURE:	
	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the the Department of State constitutes a third degree felo
Teresa Hint	σl\
Ty	yped 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)