# L22000000000

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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### **COVER LETTER**

TO:	New Filing S					To see
	Division of C	•				
SUB	JECT: XBOCH	D L.L.C.	(		<del></del> <del> </del>	
		(Name of Res	ulting Florida Li	mited Con	npany)	
					nd fees are submitted to convectordance with s. 605.1045,	
Pieas	e return all corr	espondence concernin	g this matter to	o:		
DEJA	N BRKOVIC					
		(Contact Person)				
ALPH	A TRUCKING S	OLUTIONS LLC				
		(Firm/Company)				
4123	JOLIET AVE					
		(Address)		<del></del>		
LYON	NS IL 60534					
	(1	City. State and Zip Code)		<del></del>		
ALPH	HAPERMITS@GN	MAIL.COM				
E-	mail Address: (to b	e used for future annual re	port notifications	5)		
For f	urther informati	on concerning this ma	tter, please cal	l <b>l</b> :		
DEJA	AN BRKOVIC		_at ( <u>708</u>	) <sup>433-</sup>	9349	
	(Name of Conta	act Person)	(Area Co	de) (Day	ytime Telephone Number)	
		for the following amou a bank located in the	•	•	sed by this office must be pa	yable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fill and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C	ection		New	t Address: Filing Section ion of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



December 16, 2021

DEJAN BRKOVIC 4123 JOLITE AVE LYONS, IL 60534

SUBJECT: XBOCHO LLC Ref. Number: W21000159477

We have received your document for XBOCHO 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 321A00030393

### **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" immediately prior to the filing of the Articles of Conversion is: XBOCHO L.L.C.
(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 NEVADA  (Enter state, or if a non-U.S. entity, the name of the country)
02/12/2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
XBOCHO L.L.C.
(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.
2º21

Signed this 22ND day of DECEMBER	20
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: <b>Jaw</b> Printed Name: VLADAN PHILIPPOVITCH	ML
Signature of Authorized Representative: Japan Philippovitch	Title: MEMBER
Printed Name: VEADAN FRIEIFFOVITOR	Title: MEMBER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)!
Signature: Faully Printed Name: VLADAN PHILIPPOVITCH	
Printed Name: VLADAN PHILIPPOVITCH	Title: MEMBER
C:	
Signature:Printed Name:	Title
rinited Name.	
Signature:	
Signature:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In-	
If Directors of Officers have not occur selected, an in-	corporator must sign.
lf Flor <u>ida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
γ	
Fees:	
	40.5.00
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 - Name:	
The name of the Limited Liability Company is:	
XBOCHO L.L.C.	
(Must contain the words "Limited Liabilit	y Company, "L.L.C" or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16900 N BAY ROAD APT 717	16900 N BAY ROAD APT 717
SUNNY ISLES BEACH FL 33160	SUNNY ISLES BEACH FL 33160
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration (VLADAN PHILIPPOVITCH Name)	tered Agent. You must designate an individual or another registered agent are:
16900 N BAY ROAD APT 717	7
Florida street address (P.O	<del></del> · ·
SUNNY ISLES BEACH	FL_33160
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as reg Baully	o accept service of process for the above stated limited at this certificate. I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605. F.S

(CONTINUED)

#### **ARTICLE IV-**

VLADAN PHILIPPOVITCH

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	VLADAN PHILIPPOVITCH 16900 N BAY ROAD APT 717		
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(Use attachment if necessary)	<u></u>		
(Ose attachment if necessary)			
CLE V: Other provisions, if any.			
SEE V. Other provisions: it univ.			
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DECLUDED SIGNATURE.			
REQUIRED SIGNATURE:	1.		
¥.///			
	<u> </u>		
Signature of a member or	an authorized representative of a member		
This document is executed in accordance	e with section 605,0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe		

Typed 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)