UUUU0034099

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400378305734

12/28/21--01016--010 **150.00

COVER LETTER

Division of C	Corporations			
	Drivers, LLC			
SUBJECT:	(Name of Res	sulting Florida Limited	Company)	
			, and fees are submitted to conv n accordance with s. 605.1045,	
Please return all corr	espondence concernin	g this matter to:		
Clay Staggs				
Smith & Staggs, LLP	(Contact Person)			
701 22nd Avenue, Suit	(Firm/Company) e 1			
Tuscaloosa, AL 35401	(Address)			
(0 michael@fortilinedrive	City, State and Zip Code)			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Clay Staggs		205 7 at ()	52-6262	
(Name of Conta	iet Person)		Daytime Telephone Number)	
	or the following amou a bank located in the	•	cessed by this office must be pay	yable 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 Fe and Certified Copy	es □S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add		<u>St</u>	reet Address:	
New Filing S			ew Filing Section	
Division of C	•		vision of Corporations	
P.O. Box 632	1	Th	e Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2022

CLAY STAGGS 701 22ND AVE STE 1 TUSCALOOSA, AL 35401

SUBJECT: FORTILINE DRIVERS, LLC

Ref. Number: W22000001335

We have received your document for FORTILINE DRIVERS, 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: 322A00000364

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

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: Fortiline Drivers, LLC
(Enter Name of Other Business Entity) limited liability company
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
First organized, formed or incorporated under the laws of
on .
on
(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 15th day of January	20 27
•	
Signature of Authorized Representative of Lin	
Signature of Authorized Representative: Printed Name: Michael Self	Title: Mayager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Mr Sty	
Printed Name: Michael Self	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
•	
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	/ is:
, , , , , , , , , , , , , , , , , , , ,	
Fortiline Drivers, LLC	
(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1035 Lena Run Court	P.O. Box 854
Winter Haven, FL 33880	Winter Haven, FL 33882
business entity with an active Florida registration.) The name and the Florida street address of the Michael Self	he registered agent are:
N	ame
1035 Lena Run Court	
Florida street address (I	P.O. Box <u>NOT</u> acceptable)
Winter Haven	33880 FL
City	Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple	nd to accept service of process for the above stated limited of in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all etc performance of my duties, and I am familiar with and expensive agent as provided for in Chapter 605, F.S

(CONTINUED)

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	
MGR	Michael Self
	1035 Lena Run Court
	Winter Haven, FL 33880
(Hay attackment if necessary)	6: 3 _t
(Use attachment if necessary)	ထဲ့
	دع
	*
CLE V. Other provisions if any	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the
Signature of a member or a This document is executed in accordance any take information submitted in a document is a document in	with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or a This document is executed in accordance any false information submitted in a document is a document in a document i	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo

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)