<u>L22000043721</u>

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	> Filing Officer:

1



100381178661

FILED 2022 FEB -4 AM 10: 54 TALLAHASSEE, FL

Office Use Only

. ·

incserv°

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

Incorporating Services, Ltd.

ORDER FORM

FROM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Melissa Moreau mmoreau@incserv.com 850.656.7953

corphelp@dos.myflorida.com

Tallahassee, FL 32303

850-245-6051

REQUEST DATE 2/4/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 996104

ORDER ENTITY____

GOODLANDS TRANSPORTATION MANAGEMENT LLC

PLEASE PERFORM THE FOLLOWING SERVICES: GOODLANDS TRANSPORTATION MANAGEMENT LLC (FL)

File the attached conversion and subsquent articles of organization. Please provide a certified copy and certificate of status.

NOTES:_

\$185.00 Authorized Email address for annual report reminders: jmeyer@goodlandsllc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I2005000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

DocuSign Envelope ID: 02D3EA75-6CEB-4ED6-8899-B899A04F17F9

Articles of Conversion For "Other Business Entity" Into Floride 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: Goodlands Transportation Management LLC

(Enter Name of Other Business Entity)

Limited Liability Company

2. The "Other Business Entity" is a (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)

October 24, 2003 on

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Goodlands Transportation Management 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.



•	
	_
DocuSign Envelope ID: 02D3EA75-6CEB-4ED6-8899-B899A04F1	7F9
-	

Signed th	his <u>1st</u>	day ofday of		20 <u>22</u>	
<u>Signatu</u>	re of Autho	rized Representative			ipany:
Signatur	a of Authori	and Dopresentations	James G	.B. DeMastini, III	
Printed N	ame: James	zed Representative: _ G.B. DeMartini, III	1800-1998	Title: Control Ma	anager
i i inted i					
<u>Signatuı</u>	<u>re(s) on beh:</u>	alf of Other Business	<u>Entity:</u> [S	iee below for req	uired signature(s)]
Signature	a:	James G.B. DeMastin	نه, ffl		
Printed M	lame: James	G.B!BDEWERIAAPIII		Title: Control Ma	anager
Signature	e:				
Printed N	Jame:			Title:	
Simotur					
Printed N	Jame:			Title	
i i intea i	vanie		-		
Signature	e:	· · · · · · · · · · · · · · · · · · ·			
Printed N	√ame:			_ Title:	
Printed N	√ame:			Title:	
Signature	e:				
Printed P	Name:			_ Fitle:	
If Florid	a Corporati	ion:			
		in, Vice Chairman, Dire	ector, or C	officer.	
If Direct	ors or Office	rs have not been select	ed, an Inco	orporator must sig	ın.
)		. D	
		Partnership or Limited eral Partner.		<u>rarmersmp:</u>	
- 2					
		Partnership or Limited	d Liability	Limited Partne	<u>rship:</u>
Signature	es of <u>ALL</u> G	eneral Partners.			
<u>All othe</u> Signatur		rized person.			
		-			
Fees:					
1	Articles of C	onversion		\$25.00	
		ida Articles of Organi	zation:	\$125.00	
	Certified Co	-		\$30.00 (Optiona	l)
	Certificate of	-		\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Goodlands Transportation Management LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address:</u>		
Attn: Jeff Meyer	Attn: Jeff Meyer		
1760 NW 62nd St. Suite D	1760 NW 62nd St. Suite D		
Fort Lauderdale, Florida 33309	Fort Lauderdale, Florida 33309		

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:

 Jeff Meyer

 Name

 1760 NW 62nd St. Suite D

 Florida street address (P.O. Box <u>NOT</u> acceptable)

 Fort Lauderdale
 FL 33309

 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. Thereby accept the appointment as registered agent and agree to act in this capacity. Thurther 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..

Jeff Meyer

Registered Agent's Signature (REQUIRED)

(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	Bret Van de Sande
	1760 NW 62nd St. Suite D
	Fort Lauderdale, Florida 33309
MGR	Eric Techel
	1760 NW 62nd St. Suite D
	Fort Lauderdale, Florida 33309
NCD	Internet C. P. DaMatini, III
MGR	James G.B. DeMartini, III
	1760 NW 62nd St. Suite D
	Fort Lauderdale, Florida 33309
MGR	Jeff Meyer
	1760 NW 62nd St. Suite D
	Fort Lauderdale, Florida 33309
(Use attachment if necessary)	

ARTICLE V: Other provisions, if any.

<u>requi</u> f	
	James G.B. Dettartini, III
	18087990D20E4A9 .
This doc any false	Signature of a member or an authorized representative of a member ument is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware tha information submitted in a document to the Department of State constitutes a third degree felor led for in s.817.155, F.S.
James	G.B. DeMartini, III
	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)