

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

T. SCOTT MAR - 4 2022



000380537400

02/17/22--01015--003 **185.00



COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: COLLAZO EXPRESS COR	(P	
(Name	of Resulting Florida Limi	ed Company)
		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence conc	erning this matter to:	
HEIDY RODRIGUEZ		
(Contact Person)		
UNION CARRIER SERVICES		
(Firm/Company)		•
5643 NW 74AVE		
(Address)		-
MIAMI, FL 33166		
(City, State and Zip C	ode)	•
UNIONCARRIERSERVICES@GMAIL.C	ОМ	
E-mail Address: (to be used for future and	nual report notifications)	•
For further information concerning th	is matter, please call:	
HEIDY RODRIGUEZ	at (³⁰⁵	3921035
(Name of Contact Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located in		processed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐\$155.00 Filing and Certificate of Status		
Mailing Address: New Filing Section		Street Address: 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 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.

	ther Business Entity)
2. The "Other Business Entity" is a CORPORA	TION
(Enter entity type. Example: corporation	TION , limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under t	he laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
05/27/2020 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Co	ompany as set forth in the attached Articles of Organization:
	2.41:120.6
(Enter Name of Florida Lim	
4. If not effective on the date of filing, enter the	01/26/2022 effective date:
are date ons document is then by the Fibrida	applicable statutory filing requirements, this data with any bottom.
The plan of conversion has been approved in	accordance with all applicable statutes.
The "Converted or Other Business Entity" has a which such members are entitled under ss. 605.	greed to pay any members having appraisal rights the amount to 1006 and 605.1061-605.1072 FS

Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: VIONEL FERNANDEZ COLLEGO Title: AMBR Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Printed Name: Title: 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 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: \$125.00 Certified Copy: \$30.00 (Optional)	Signed this 26 day of JANUARY	20 22
Signature of Authorized Representative: Printed Name: VIONEL FERNANDEZ COLLAGO Title: AMBR Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Printed Name: Title: 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. Fees: Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)	,	
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Certified Copy: \$30.00 (Optional)		
Certificate of Status. \$5.00 (Optional)	Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Li	aomy company is.		
COLLAZO EXPRESS LLC			
(Must contain t	he words "Limited Liability	Company, "L.L.C.," or "LLC.	")
ARTICLE II - Address: The mailing address and str	eet address of the pri	ncipal office of the Lin	nited Liability Company is:
Principal Office Address:		Mailing Address:	
1040 SW 131 ST AVE		1040 SW 131 ST AVE	
MIAMI, FL 33184	····	MIAMI , FL 33184	
			
The name and the Florida s VIONEL	FERNANDEZ COLLA Name		
	V 131ST AVE		
Florid	a street address (P.O.	Box NOT acceptable)	:
MIAMI		FL_33184	⊳
	City	Zip	_
liability company at the registered agent and agrees statutes relating to the paccept the obligations	e place designated in the to act in this capaci proper and complete p	this certificate, I hereby ty. I further agree to co erformance of my duties istered agent as provide	ss for the above stated limited accept the appointment as mply with the provisions of all and I am familiar with and of for in Chapter 605, F.S

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	vionel Fernandez Colla
"MGR" = Manager AMBR	1040 SW 131 ST AVE
AWDK	MIAMI, FL 33184
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(Use attachment if necessary)	
(Use attachment if necessary)	
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(Use attachment if necessary) LF. V: Other provisions, if any.	
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LF. V: Other provisions, if any.	
LF. V: Other provisions, if any.	
REQUIRED SICNATURE:	an authorized representative of a member
REQUIRED SICNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SICNATURE: Signature of a member or This document is executed in accordance	
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. VIONEL FERNANDEZ COLLAZO	e with section 605,0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree i
REQUIRED SICNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. VIONEL FERNANDEZ COLLAZO	e with section 605,0203 (1) (b), Florida Statutes. I am aware

The name and address of each person authorized to manage and control the Limited Liability

AR'TICLÉ IV-