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

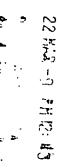
Office Use Only

T. SCOTT MAR 2 9 2022



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COVER LETTER

TO:	New Filing S Division of C					
		RUCK LLC				
SUBJ	JECT:					
		(Name of Re	sulting Florida Lin	iited Coi	mpany)	
			_		nd fees are submitted to convert an "Other coordance with s. 605,1045, F.S.	÷r
Please	e return all corr	espondence concernin	g this matter to:			
yosv	ANY ESTEVEZ	ACOSTA				
		(Contact Person)		_		
		(Firm√Company)		_		
48 W	MARIANA AVE			_		
		(Address)				
NORT	H FORT MYER	S FL 33903				
ESTE	VEZYOSVANY@	City, State and Zip Code) ©GMAIL.COM		_		
E-1	nuil Address: (to b	oe used for future annual re	port notifications)	_		
For fu	arther informati	on concerning this ma	tter, please call:			
YOSV	ANY ESTEVEZ		702 at (5383)		
	(Name of Conta	act Person)	(Area Code	e) (Day	vtime Telephone Number)	
		for the following amou a a bank located in the		ргосеѕ	sed by this office must be payable in US	
(\$25 fo & \$12:	i0,00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	■\$180,00 Filing and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
	Mailing Add New Filing S	ection		New	t Address: Filing Section	
	Division of C	orporations		Divis	ion of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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 Co K & K TRIUCKING CORP	nversion is:
(Enter Name of Other Business Entity)	
CORPORATION	
2. The "Other Business Entity" is a	
2. The "Other Business Entity" is a	
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of t	he country)
12/02/2020	
on	
on(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of CTHE K & K TRUCK LLC)rganization:
(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 calend the date this document is filed by the Florida Department of State.)	•
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	be fisted as the
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	the amount to
	22
•	<u> </u>
 	C 5
r − p. · · · · · · · · · · · · · · · · · ·	- l

Signed this 01	day of MARCH	20
Signature of Autl	horized Representative of Lim	ited Liability Company:
_		
Signature of Author	orized Representative:	
Printed Name: YOS	VANY ESTEVEZ ACOSTA	Title: OWNER
Signature(s) on be	half of Other Business Entity:	[See below for required signature(s)]
Signature:	all a	
Printed Name:	Jusuary Estevez Har	BTitle: director
Si		
Signature: Printed Name:		Title:
rimed Name		
Signature:		
Printed Name:		Title:
Sionature:		
Printed Name:		Title:
rimed rame		
Signature:		·
Printed Name:		Title:
Signature:		
		Title:
<u>If Florida Corpor.</u>		0.07
_	nan, Vice Chairman, Director, or	
If Directors or Office	cers have not been selected, an In	corporator must sign.
If Florida Genera	l Partnership or Limited Liabili	ity Partnership:
Signature of one G		
IC Plantida I taste d	Donas and in a Line and Links	And Lineiand Double contains
Signatures of ALL	Partnership or Limited Liabili General Partners	ty Limited Partnership:
o.g	Scholar Laurers,	
All others:		
Signature of an aut	horized person.	
Fees:		
Anicles of	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified C		\$30.00 (Optional)
Certificate	• •	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	io	
The name of the Limited Liability Company	15.	
THE KARATEROKALO		
THE K & K TRUCK LLC (Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	<u> </u>
V	,,,,, ,	
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:	
48 W MARIANA AVE NORTH FORT MYERS, FL 33903	48 W MARIANA AVE NORTH FORT MYERS I	FL 33903
		<u></u>
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of the	ne registered agent are:	
ADRIANA CABRERA		
Na	ame	
48 W MARIANA AVE		
	P.O. Box NOT acceptable)	
NORTH FORT MYERS	33903 FL	
City	Zip	
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	d in this certificate, I hereby acc pacity. I further agree to comply ete performance of my duties, an	ept the appointment as wwith the provisions of all d I am familiar with and
/CANIT	PINITEIN	. 2
(CONT	INUED)	¥5

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	VOCUARIV FOTEVEZ ACOCTA		
AMBR	YOSVANY ESTEVEZ ACOSTA		
MGR	ADRIANA CABRERA		
(Use attachment if necessary)			
CLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
A)			
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felon		
YOSVANY ESTEVEZ ACOSTA			
Ту	vped 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)