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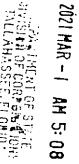
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
WCZ 6000 228.	7





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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2022

CHRISTIAN ALLYN 20 ZEALAND PL PALM COAST, FL 32164

SUBJECT: IMPERIAL CARGO CARRIERS, LLC

Ref. Number: W22000002287



We have received your document for IMPERIAL CARGO CARRIERS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 322A00000600

COVER LETTER

TO: New Filing Sec Division of Cor						
SUBJECT: Imperial Ca	•					
SUBJECT:	(Name of Res	ulting Florida Limit	ed Compan	<u>y</u>)		
The enclosed Articles of Business Entity" into a	"Florida Limited Li	ability Company				
Please return all corres	pondence concerning	g tins matter to.				
Christian Allyn						
	(Contact Person)					
Imperial CargoCarriers, I	LC.				∵ 2 0	
	(Firm/Company)				21 21 21 21 21 21 21 21 21 21 21 21 21 2	, mar p. 5
20 Zealand Pl.					2021 HAR - 1	でに「
	(Address)				第二章 第二章	1
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Palm Coast, FL 32164					TO S	Ţ
	y, State and Zip Code)				AM 5: 08	
Christian.Allyn1@Gmail.					연 <u>무</u> 하 Ø	
E-mail Address: (to be t	ised for future annual re	port notifications)				
For further information	concerning this ma	ter, please call:				
Christian Allyn		at (⁷²⁷	515-7769)		
(Name of Contact	Person)	_ \	(Daytime	Telephone Number)	_	
Enclosed is a check for dollars and drawn on a	_	· ·	rocessed l	by this office must	be payable in US	
(\$25 for Conversion a	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	y Co	\$185.00 Filing Fees, entified Copy, and entificate of Status		
Mailing Addre	<u>ss:</u>		Street Ad	ldress:		
New Filing Sec	tion			ng Section		
Division of Cor	porations			of Corporations		
P.O. Box 6327			The Centi	re of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

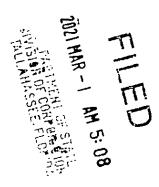
Articles of Conversion

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 Conversion is: Imperial Cargo Carriers, LLC
(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.)
(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)
May 23rd, 2018 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: Imperial Cargo Carriers, IIc
(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.

\$5.00 (Optional)

Certificate of Status:

7071 HAR - 1 AM 5:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Na							
The name of the L	Limited Liability Com	рану 15.					
Imperial Cargo Car	riers, LLC						
		ed Liability Company, "L.L.C.," or "LLC.")	· ·				
ARTICLE II - A The mailing addre		of the principal office of the Limited	Liability Com	ıpany is:			
Principal Office	Address:	Mailing Address:					
20 Zealand Pl.		20 Zealand Pl.	20 Zealand Pl.				
Palm Coast, FL 32	164	Palm Coast, FL 32164	<u> </u>				
		_					
business entity with an	active Florida registration.)	own Registered Agent. You must designate an in of the registered agent are:	idividual of another				
		Name					
	20 Zealand Pl.						
	Florida street addre	ess (P.O. Box NOT acceptable)					
	Palm Coast	FL ³²¹⁶⁴					
	City	Zip					
liability com registered agent statutes relativ	pany at the place desig t and agree to act in th ng to the proper and co bligations of my positio	nt and to accept service of process for gnated in this certificate. I hereby accepts capacity. I further agree to comply omplete performance of my duties, and on as registered agent as provided for the stignature (REQUIRED)	ept the appoint with the provi d I am familiar	ment as sions of al with and			

(CONTINUED)

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Christian Allyn	
	20 Zealand Pl	
	Palm Coast, FL, 32164	_
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(Use attachment if necessary)		MAR
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KEQUIKED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Christian Allyn

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)