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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	:
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2022

LINDOR MEHMETI 1758 ALDER DR ORANGE PARK, FL 32073

SUBJECT: L & M TRANSPORT LLC.

Ref. Number: W22000026018

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the <u>electronic filing cover sheet</u>.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

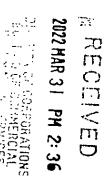
Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000056354.

If you have any further questions concerning your document, please call (850) 245-6052.

Karen Lovelace Regulatory Specialist II New Filing Section

Letter Number: 122A00004943



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:
L&M Transport inc (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation. limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on Alia 13, 367 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
L&M Transport 1 LLC (Enter Name of Florida Limited Liability Company)
(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.

PH 9: 50

Signed this 31 day of January	20_39
Signature of Authorized Representative of Limite	ed Liability Company:
Signature of Authorized Representative:	•
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]
Signature: Trub Refuex Printed Name: Linder Mehmeti	Title: Manager
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees: Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

COVER LETTER

TO:	New Filing Sec Division of Cor	porations				
SUBJ	ECT:	L&M	Transport	1 UC		
						"Othor
The e Busin	nclosed Articles (less Entity" into a	of Conversion, Article "Florida Limited Lial	s of Organization, and bility Company" in ac	I fees are submitted to decordance with s. 605.10	:01vert a:)45, F.S.	n Other
Pleas	e return all corres	pondence concerning	this matter to:			
		(Contact Person)				
	L&M	Transport (Firm/Company)				
	1758	Alder Dr (Address)				
	Orange (C	Park, FL 32 ity, State and Zip Code)	073			
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		Mehme+i	at (734) 9	34 - 1396 ytime Telephone Number)	_	
Encl dolla	losed is a check for ars and drawn on	or the following amou a bank located in the	nt: (All checks proces United States)	ssed by this office must	be payab	ole in US
(\$25 & \$1	150.00 Filing Fees for Conversion 25 for Articles rganization)	□\$155.00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy	S185.00 Filing Fees. Certified Copy, and Certificate of Status		
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27	New Divi The 241	et Address: Filing Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Sui ahassee, FL 32303	te 810	2022 B.JR 3 I
INI-	IS11 (7/17)				: .	PH 9: 50

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

L&M Transport 1LLC.

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

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

Mailing Address:

ARTICLE 1 - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

ARTICLE III - Régistered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an inclusiness entity with an active Florida registration.)	t's Signature dividual or anothe	р: r
The name and the Florida street address of the registered agent are:		
<u>Lindor Mehmeti</u> Name		
Florida street address (P.O. Box NOT acceptable)		
Orange Park FL 32073 City Zip		
Having been named as registered agent and to accept service of process for liability company at the place designated in this certificate. I hereby acceptistered agent and agree to act in this capacity. I further agree to comply statutes relating to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for	ept the appoin with the prov d Lam familia	ument as visions of all vr with and
Registered Agent's Signature (REQUIRED)		
(CONTINUED)		
	; % ;	р

Name and Address: LINDOR Menmet: 1758 Alder Dr. Bronge Park. R. 32073
1758 Alder Dr. Brange
1758 Alder Dr. Brange
Pauli (1 32 C 73
7 61 62 7 1 1 1 1 1 1 1 1

LINDOR WEHMETI
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)

as provided for in s.817.155, F.S.