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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. CHATHAM

APR - 5 2022

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SECRETARY OF STATE
TALL'AHASSEE PETORIS

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COVER LETTER

TO:	New Filing S Division of C					
SUB	JECT: GO-IT LO	OGISTICS, LLC				
	<u> </u>		sulting Florida L	imited Co	mpany)	
					nd fees are submitted to convert accordance with s. 605.1045, F.:	
Pleas	e return all corr	espondence concernin	g this matter t	0:		
Antho	ny Morales					
	, ,,,	(Contact Person)				
MyUS	ACorporation.co	m				
		(Firm/Company)				
1 Rad	isson Plaza, Suit	e 800				
		(Address)				
New F	Rochell, NY 1080	1				
	(0	City, State and Zip Code)				
info@	myusacorporatio	n.com				
E-1	mail Address: (to b	e used for future annual re	port notification	s)		
For fi	urther informati	on concerning this ma	tter, please ca	11:		
Antho	ny Morales		_at (<u>877</u>	₎ 330-	2677	
	(Name of Conta	et Person)	(Area Co	de) (Da	ytime Telephone Number)	
		or the following amou a bank located in the	•	-	sed by this office must be payal	ble in US
(\$25 fc & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	■\$180.00 Fil and Certified 0		□S185.00 Filing Fees. Certified Copy. and Certificate of Status	221
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The 0 2415	Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810: hassee, FL 32303	FILED 22MR 15 AH 6:1,0

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: GO-IT LOGISTICS, 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.
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
01/04/2021 on
(date of organization, formation or incorporation)
GO-IT LOGISTICS, 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.



Signed this 7th day of March	20_22
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: DRAGAN NASKOVSKI	Title: MEMBER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Marchery	
Printed Name: DRAGAN NASKOVSKI	Title: MEMBER
0.	
Signature:Printed Name:	Title
Timed Name.	1100.
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Tata
Printed Name:	I iue:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
,, ,, ,, ,, ,, ,, ,, ,, ,, ,	3
<u> If Florida General Partnership or Limited Liabil</u>	ity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ity Limited Partnership:
Signatures of ALL General Partners.	

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

All others:

Fees:

Signature of an authorized person.

Certified Copy:

Articles of Conversion:

Certificate of Status:

Fees for Florida Articles of Organization:

SEGRETARY OF STATE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DGISTICS, LLC Liability Company, "L.L.C.," or "LLC.")
(Must contain the words 15 miles t	manning company, major, or above,
ARTICLE II - Address:	
The mailing address and street address of t	the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
	2340 NW 72ND AVENUE, UNIT B201
2340 NW 72ND AVENUE, UNIT B201	Z340 NVV 7ZND AVENUE, UNIT BZOT
SUNRISE, FL 33313 ARTICLE III - Registered Agent, Regis The Limited Liability Company cannot serve as its own	SUNRISE, FL 33313 tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	SUNRISE, FL 33313 tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	SUNRISE, FL 33313 tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Regis The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of DRAGAN	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of DRAGAN 2340 NW 72ND	SUNRISE, FL 33313 tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: NASKOVSKI Name AVENUE, UNIT B201
ARTICLE III - Registered Agent, Regis The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of DRAGAN 2340 NW 72ND	SUNRISE, FL 33313 tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: NASKOVSKI Name
ARTICLE III - Registered Agent, Regis The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of DRAGAN 2340 NW 72ND	SUNRISE, FL 33313 tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: NASKOVSKI Name AVENUE, UNIT B201

d registered agent and agree to act in this capacity. I further 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ART	ICI	Æ.	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 AMBR	DRAGAN NASKOVSKI 2340 NW 72ND AVENUE, UNIT B201 SUNRISE, FL 33313
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	red
Signature of a member or a	n authorized representative of a member
any false information submitted in a docume as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony
any faise information submitted in a docume as provided for in s.817.155, F.S.	RAGAN NASKOVSKI
any false information submitted in a docume as provided for in s.817.155, F.S. DF Type \$125.00 Filing Fee for Articles of	RAGAN NASKOVSKI ed or printed name of signee Filing Fees Organization and Designation of Registered Agent
any false information submitted in a docume as provided for in s.817.155, F.S. DF	RAGAN NASKOVSKI ed or printed name of signee Filing Fees Organization and Designation of Registered Agent