# L22000167827

(Red	questor's Name)	<del></del>
obA)	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporat	ions		
SUBJECT: DOMINGUEZ-RI	UIZ TRUCK LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of Resulting Flori	da Limited Company)	<del></del>
		anization, and fees are submit inpany" in accordance with s.	
Please return all corresponde	ence concerning this mat	er to:	
GREISY SUAREZ			
(Cont.	act Person)		
DIRECT SOLUTION SERVICE	S		
(Firm	(Company)		
1248 Viscaya Pkwy			
(,)	(ddress)		
Cape Coral, FL 33990			
(City, Stat	e and Zip Code)	<del></del>	
info@directsolutionservices.co	m		
E-mail Address; (to be used for	r future annual report notifica	tions)	
For further information conc	erning this matter, pleas	call:	
GREISY SUAREZ	at ( <sup>239</sup>	,443 5846	
(Name of Contact Person	(Arc	a Code) (Daytime Telephone Nun	nber)
Enclosed is a check for the f dollars and drawn on a bank	<del>-</del>	ecks processed by this office tes)	must be payable in US
	5.00 Filing Fees	D Filing Fees ied Copy Certified Copy, an Certificate of State	d
Mailing Address: New Filing Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Street Address: New Filing Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street	see

Tallahassee, FL 32303

#### **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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: DOMINGUEZ-RUIZ TRUCK, INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION  (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)
10/01/2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DOMINGUEZ-RUIZ TRUCK 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 10	day of FEBRUARY	2022
Signature of Autho	orized Representative of Limi	ted Liability Company:
Signature of Author	ized Representative:	THE SPECIAL PROPERTY OF THE PR
Printed Name: DOMI	NGUEZ MADRUGA, RAUL	Title: PRESIDENT
Signature(s) on beh	alf of Other Business Entity:	See below for required signature(s)]
Signature:		
Printed Name: DOMI	NGUEZ MADRUGA, RAUL	Title: PRESIDENT
Signature:		Title: <u>VÍCQ - prosidont.</u>
Printed Name: <u>ESto</u>	Warroll Ruiz, Joige Wis	Title: <u>Vice - president</u> .
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		_ Title:
Printed Name:		_ Title:
Signature:		
Printed Name:		_ Title:
If Florida Corporat	ion:	
	n. Vice Chairman, Director, or (	
II Directors or Office	ers have not been selected, an Inc	corporator must sign.
<u> If Florida General I</u>	Partnership or Limited Liabili	y Partnership:
Signature of one Gen	eral Partner.	
<u>If Florida Limited I</u>	Partnership or Limited Liabilit	v Limited Partnership:
Signatures of <u>ALL</u> G	eneral Partners.	
<mark>All others:</mark> Signature of an autho		
Signature of an autho	orized person.	
Pees:		
Articles of C		\$25.00
	ida Articles of Organization:	\$125.00 \$30.00 (Ontiounl)
Certified Cop Certificate of	•	\$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nat	me:	
The name of the L	imited Liability Compan	y is:
DOMINGUEZ-RUIZ	<del></del>	
(M)	ast contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ac The mailing addre		ne principal office of the Limited Liability Company is:
Principal Office A	Address:	Mailing Address:
2227 SW 4 TH ST		222 <b>7</b> SW 4 TH ST
CAPE CORAL, FL 3	33991	CAPE CORAL, FL 33991
	active Florida registration.) Florida street address of t  DOMINGUEZ MADRUGA	0
	N	Jame
	2227 SW 4 TH ST	
		(P.O. Box NOT acceptable)
	CAPE CORAL	FL <sup>33991</sup>
	City	Zip
liability comp	any at the place designate and agree to act in this ca	nd to accept service of process for the above stated limited ed in this certificate. I hereby accept the appointment as apacity. I further agree to comply with the provisions of al lete performance of my duties, and I am familiar with and

(CONTINUED)

ARTICLE IV-

as provided for in \$.817.155, F.S.

DOMINGUEZ MADRUGA, RAUL

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	DOMINGUEZ MADRUGA, RAUL	
	2227 SW 4 TH ST	
	CAPE CORAL, FL 33991	
AMBR.	Estovanou Ruiz Jorge Wij	
	CUPO COIGH, FL 33991	
	, , , , , , , , , , , , , , , , , , , ,	
(Use attachment if necessary)		
CLE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
<del></del>	<del></del>	
Signature of a member or	an authorized representative of a member	

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)