

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

Office Use Only

T. SCOTT MAY 1 9 2022



500387603155

\$00387603155 1:7422-008-000 #*185.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Michael's Freight Services IIC. (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Michael Bicardo Concepción (Contact Person)
3785 14 th Ave SE (Address)
Waples FL 34117 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Michael Ricardo C at (503) 999-4892. (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees and Certificate of and Certified Copy (Status) \$150.00 Filing Fees and Certified Copy (Status) \$180.00 Filing Fees and Certified Copy (Certified Copy, and Certificate of Status)
Mailing Address:Street Address:New Filing SectionNew Filing Section

INHS11 (7/17)

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

New Filing Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 Converse LLOCHAPI Trucking	sion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liablity Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or basine	ess trust, etc.)
First organized, formed or incorporated under the laws of <u>lex as</u> (Enter state, or if a non-U.S. entity, the name of the co	ountry)
on 04/22/2020 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organical Company and Section 1988.	inization:
Llechael's Freight Services LLC. (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 05/1/2022. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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 lidocument'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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	amount to
y _e ≠ Fr	22
•	: :
The control of the co	
	•
·	. <
	4.5
4. °` ₩. 3**	بت. ي

th 11	
Signed this day of	20 27 .
Signature of Authorized Representative of Lim	ited Liability Company:
	1/ / /
Signature of Authorized Representative:	
Printed Name: Wichael Bicardo C	title Owner
Signature(s) on behalf of Other Business Entity;	[See below for required signature(s)]
Signature: Y	
Printed Name: Michael hicardo C	Title: Quality Ov
Timed traine.	, Title. Otovie i
Signature:	
Printed Name:	Title: _
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title
Signature:	
Printed Name:	Title:
If Florida Corporation;	0.07
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Paytasahia.
Signature of one General Partner.	ty raithership:
Signature of one General Ladies.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
_	
<u>Fees:</u>	
Articles of Conversion:	\$2 5.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	/ (/

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. . .

ARTICLE I - Name: The name of the Limited Liability Company is:	
Michaels Freight Services LLC. (Must contain the words "Lithfied Liability Company, "L.L.C.," or "LL.C.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	bility Company is:
Principal Office Address: Mailing Address:	
3785 14 th Ave SE 3785 14 th Ave SE Naples FL 34117 Naples FL 34117	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualistic business entity with an active Florida registration.)	Signature: dual or another
The name and the Florida street address of the registered agent are:	
Michael Bicardo C Name 3785 14th Ave SE	
Florida street address (P.O. Box NOT acceptable)	
Naples FL 34117 City Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply we statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Registered Agent's Signature (REQUIRED)	t the appointment as with the provisions of all am familiar with and
(CONTINUED)	

MGR" = Manager	Name and Address:
MGR	Hichael Ricardo (: 3785 14
LY BR	Daniela Ricordo: 3785 14
	Ave SE, Naples FL 34117
se attachment if necessary)	
E V: Other provisions, if any.	
EQUIRED SIGNATURÉ:	<u> </u>
Si	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree for
any taise unformation submitted in a docul as provided for in s.817.155, F.S.	
	Concepción.

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

ARTICLE IV-