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(A)	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

T. SCOTT, SEP 1 9 2022



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TP ANCHISING
DIVISION OF CORPORATIONS
TALLANASSEE. FLORIDA

2022 AUG 30 PM 3: 3r





COVER LETTER

TO: New Fil Division	_	ection orporations			
SURJECT: SE	SG TRA	ANSPORTATION, LLC			
5015ECT			ulting Florida Lim	ited Con	npany)
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return al	l corre	espondence concerning	g this matter to:		
Anthony Morales	3				
		(Contact Person)		_	
MyUSACorporat	icn.cor	n			
		(Firm/Company)		-	
1 Radisson Plaz	a, Suite	e 800			
	_	(Address)			
New Rochelle, N	IY 1080	01			
	(C	City, State and Zip Code)		_	
info@myusacorp	oration	n.com			
E-mail Addres	s: (to be	e used for future annual re	port notifications)	_	
For further info	ormatic	on concerning this ma	tter, please call:		
Anthony Morales	s		at (<u>877</u>	330	-2677
(Name o	f Contac	ct Person)		e) (Day	time Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
☐ \$150.00 Filing (\$25 for Conversion & \$125 for Articles of Organization)	on	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing					Address:
New Fil Division	-	ection orporations			Filing Section ion of Corporations
P.O. Bo				The C	Centre of Tallahassee
Tallaha	ssee, F	FL 32314		2415	N. Monroe Street, Suite 810

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.

Time	r Name of Other Business Entity)
2. The "Other Business Entity" is a	Limited Liability Company
	corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorpora	Ohio (Enter state, or if a non-U.S. entity, the name of the country)
06/07/2013	(Enter state, or if a non-o.s. entity, the finite of the country)
On (date of organization, formation or inco	orporation)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
SBG TRANSPORTATION, LLC	
(Enter Name o	f Florida Limited Liability Company)
the date this document is filed by (not meet the applicable statutory filing requirements, this date will not be listed as the
the date this document is filed by (Note: If the date inserted in this block does document's effective date on the Department	the Florida Department of State.) In not meet the applicable statutory filing requirements, this date will not be listed as the

•	
Signed this 24th day of August	_ 20 <u>_ 22</u>
Signature of Authorized Representative of Limit	ted Liabilay Company:
Signature of Anthorized Representative: Signature of Anthorized Representative: Printed Name: Billie Gratz	Title: Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	13/lle 1 mt
Printed Name: Billie Gratz	Title: Member
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Tal.
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
0'	
Signature:	77.1
Printed Name:	_ Intie:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fces:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan						
The name of the Li	mited Liability Company is	::				
SBG TRANSPORTA	ATION, LLC					
	st contain the words "Limited Liabil	ity Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Ad	dress:					
	is and street address of the p	orincipal of	fice of the Limit	ed Liability	Comp	any is:
Principal Office A	address:	Mailing	Address:			
4180 Eldridge Ave		4180 El	dridge Ave			
Orange Park, FL 320	073		Park, FL 32073		_	
					_	
(The Limited Liability Co	egistered Agent, Registere ompany cannot serve as its own Regisective Florida registration.)	ed Office, distered Agent.	& Registered Ag You must designate an	gent's Signa n individual or a	iture: nother	
The name and the l	Florida street address of the	registered	agent are:			
	Billie G					
	Nan	ne				
	4180 Eldridg	ge Ave				
	Florida street address (P.0	O. Box <u>NO</u>	T acceptable)			
	Orange Park	FL	32073	-		
	City		Zip			
liability comp registered agent statutes relatin	med as registered agent and any at the place designated and agree to act in this capage to the proper and complete aligations of my position as	in this certi acity. I furt e performar	ficute, I hereby a her agree to com ace of my duties, (ccept the ap ply with the p and I am fan	pointm provisi niliar v	nent as ions of al with and
	Registered Agent's Signature	gnature (R)	EØUIRED)	- D	20	7.57
	(CONTI		O /	FRANCHISING FRANCHISING OR CORPORATION OF CORPORATION TALLAHASSEE, FLORID	2022 AUG 30 PM 3: 3 🛣	TILED
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ARTICLE 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	Billie Gratz
- · · · · · · · · · · · · · · · · · · ·	4180 Eldridge Ave
	Orange Park, FL 32073
AMBR	Steven Gratz
	4180 Eldridge Ave
	Orange Park, FL 32073
	Crange Faik, FE 32073
(1)	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
	\ 1
REQUIRED SIGNATURE:	N
MOOTHED SIGNATURE.	
MINOTALD SIGNATURE.	10 1 Mt
Sign Toul	ue I Maty
Sid Toll	u Moty
Signature of a member or	an authorized representative of a member
Signature of a member or 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 is

Billie Gratz

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)