

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nan	ne)
(Dc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	



11/21/22-01029 0022 +4155.00

# FILED 22 NOV & PH 7: 33 SECRETARY OF STATE

<b>A</b>	
COVER	LETTER

**TO:** New Filing Section Division of Corporations

SUBJECT: (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:

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(Contact Person)	
(Firm/Company)	
10852 Len Turner Rd	
(Address)	- N
Sacksmille El. 32218	FIL
(City. State and Zip Code)	HAN L
Kingkid 5850 gmail.com	— m~ <b>п</b>
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	7:3 5141
Maria 14 inch an ( 904 ) 208-1869	<b>ن </b> شرو -
(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)

S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status

S180.00 Filing Fees and Certified Copy

□\$185.00 Filing Fees, Certified Copy, and Certificate of Status

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Conversion For <u>"Other Business Entity"</u> 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: Laffa. T(affa) = LLC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a <u>Limited Liability</u> <u>Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of <u>NeUada</u>

(Enter state, or if a non-U.S. entity, the name of the country)

on\_08

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Trucking LLC (Enter Name of Florida Limited Liability Company)

- 4. If not effective on the date of filing, enter the effective date: O'Aldada. Example 1. 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.) <u>Note:</u> 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 17 day of Nollamber	_20_22		
Signature of Authorized Representative of Limit	ed Liability Company:		
Signature of Authorized Representative: <u>Mim</u> Printed Name: <u>Kamari King</u>	Title: OWNER Manager		
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]		
Signature: Kamaci King	Title: DWNLY Manyer	-	
Signature: Printed Name:	• •	-	
Signature: Printed Name:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C If Directors or Officers have not been selected, an Inc	Officer.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	<u>y Partnership:</u>	22 N SEC	-11
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	22 NOV LI SECRETARY	ILED
All others: Signature of an authorized person.		PH 7: 33 UI STATE	Ö
<u>Fees:</u>		ijm <b>ω</b>	
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 - Name:**

The name of the Limited Liability Company is:

'Must contain the words "Limited Diability Company, "L.L.C.," or "LI.C.")

#### **ARTICLE II - Address:**

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

**Principal Office Address:** TUINER 4-0U

Mailing Address:

#### **ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Kamari King 10852 Len Turner Ad Florida street address (P.O. Box NOT acceptable) City

Having been named as registered agent and to accept service of process for the abave stated lim liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of 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 505 cf.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

. .

### Title:

## Name and Address:

NRG ۸. 32219 nulla FZ.

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(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

		NON
REQUIRED SIGNATURE:	NAL SK	7
- Cirin Mar	SEL.	
<b>Signature of a member or an authorized represe</b> This document is executed in accordance with section 605.0203 (1) (I any false information submitted in a document to the Department of S as provided for in s.817.155, F.S.	b), Florida Statutes. I amt <b>a</b> wa	are th
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