# L 2)000046808

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cosmess Emily Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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# **Articles of Conversion**

For

# "Other Business Entity"

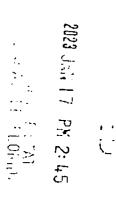
Into

## 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, Fl Statutes.

ZK Trucking 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 trus
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trus
First organized, formed or incorporated under the laws of North Carolina
(Enter state, or if a non-U.S. entity, the name of the country)
on 5/23/2019 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizat
ZK Trucking 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 a 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 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

which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.



Signed this 13 day of January	
Signature of Authorized Representative of Limi	ited Liability Company:
Simparum of Authorized Representative Much	al Kearse
Signature of Authorized Representative: Mychal Kearse	Title: Owner/manager
Signature(s) on behalf of Other Business Entity:	
Signature: Mychal Kearse	
Signature: Mychal Kearse Printed Name: Mychal Kearse	Title: Owner/manager
Signature:	Title:
Signature: Printed Name:	50%.1
Printed Name:	Little:
Signature:	
Signature:Printed Name:	Title:
Signature:	Title:
Titled (value)	
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an In	
<u>lf Florida General Partnership or Limited Liabili</u>	ity Partnership:
Signature of one General Partner.	
lf Flor <u>ida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ZK Trucking LLC	
(Must contain the words "Limited Lia	bility Company, "L.I.,C.," or "I,LC.")
ARTICLE II - Address:	
•	aminainal affice of the Limited Lightlity Can
The mailing address and street address of the	e principal office of the Elimited Elability Con
-	
The mailing address and street address of the <b>Principal Office Address:</b>	Mailing Address:
-	
Principal Office Address:	Mailing Address:

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

Northwest Registered Agent LLC	
Nar	ne
7901 4th St N STE 300	
Florida street address (P.	O. Box NOT acceptable)
St. Petersburg	<sub>FL</sub> FL
City	Zip

Having been named as registered agent and to accept service of process for the above stated limite 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 a 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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Mychal Kearse
	445 NE 116th ST
	Miami FL 33161
(Use attachment if necessary)	
LE V: Other provisions, if any.	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that

any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nat Smith

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)