L 23000075069

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

Office Use Only



500398937435

12/19/22--01036--015 **150.00





December 21, 2022

RAMON VELAZQUEZ 2767 COMMANCHE AVE ORANGE PARK, FL 32065 US

SUBJECT: MAMA FRANCISCA TRANSPORT LLC

Ref. Number: W22000156868

We have received your document for MAMA FRANCISCA TRANSPORT LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM INCOMPLETE - CORRECT YELLOW HIGHLIGHT,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Hyacinth LeBlanc Regulatory Specialist II

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6052 and press 4. Your call will be answered in the order it is received.

Hyacinth LeBlanc
NEW FILING SECTION SECTION

Letter number: 122A00028554

Letter Number: 122A00028554

New Filing Section

COVER LETTER

TO: New Filing S Division of C							
mama tr	ancisca transport llc						
SUBJECT:	(Name of Re-	sulting Florida Lin	ited Con	npany)	_		
				d fees are submitted to ecordance with s 605 1)ther
Please return all cori	respondence concernin	g this matter to					
ramon velazquez							
mama francisca trans	(Contact Person) port llc		-				
2767 commanche ave	(Firm/Company)						
orange park 3065	(Address)						
mamairanciscatransp	City, State and Zip Code) ort@gmail.com		_				
E-mail Address (to	be used for future annual re	port notifications)					
For further informat	ion concerning this ma	tter, please call					
ramon velazquez		908 at (5120	545			
(Name of Cont	act Person)		:) (Day	time Telephone Number)	-		
	for the following amound a bank located in the		process	sed by this office must b	e paya	ble in	US
S150 00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180 00 Film and Certified Co		□\$185 00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Add New Filing S Division of C P O Box 63: Tallahassee,	Section Corporations 27		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Jentre of Tallahassee N. Monroe Street, Suite nassee, FL 32303	: 810 - 	2023 JAT 19 PM	! ·

Articles of Conversion For "Other Business Entity"

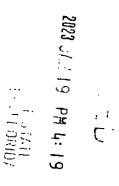
Into

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 Conversion is: mains transport lic
(Enter Name of Other Business Entity) mama francisca transport llc
2 The "Other Business Entity" is a (Enter entity type Example corporation, limited partnership, general partnership, common law or business trust, etc. New Jersey
First organized, formed or incorporated under the laws of
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization; mama transisca transport lie
(Enter Name of Florida Limited Liability Company) January 19/2023
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 19 day of january	20_23
Signature of Authorized Representative of Lim	ited Liability Company:
\wedge	6
Signature of Authorized Representative <u>Adva/</u> /	<u>"S</u>
Signature of Authorized Representative (Authorized Representative (Printed Name ramon volazquez)	Title vice precident
Signature(s) on behalf of Other Business Entity:	
Signature Acres	
Signature Accessory of the Control o	Eirle owner
·	
SignaturePrinted Name	
Printed Name	title
Signature	
Signature Printed Name	Title
Signature	
Signature Printed Name	Title
Signature Printed Name	10. 1
Printed Name	Ittle
Signatura	
SignaturePrinted Name	Title
H Florida Corpora <u>tion:</u>	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	icorporator must sign
	to the control of
H Florida General Partnership or Limited Liabil	ny Parinersnip;
Signature of one General Partner	
If Florida Limited Partnership or Limited Liabili	ity Limited Partnership:
Signatures of <u>VLL</u> General Partners	
All others:	
All others: Signature of an authorized person	
<u>hees</u>	
Articles of Conversion	\$25.00
Lees for Florida Articles of Organization	\$125.00
Certified Copy	\$30 00 (Optional)
\[\) \[\] \[\) \[\) \[\) \[\) \[\] \[\) \[\] \[\) \[\] \[\] \[\) \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\] \[\]	r ·

\$5.00 (Optional)

Certified Copy

Certificate of Status

2023 JAN 19 PM 4: 19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	IS'	
mama francisca transport lle		
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited	Liability Company is
Principal Office Address:	Mailing Address:	
2767 Commanche Ave	2767 Commanche Ave	
orange park 32065 FL	orange park 32065 FL	
		
The name and the Florida street address of the		dividual or another
	3	
Ramon velazquez	ame	
	unic	
2767 Commanche Ave	N/N IN N/N/E	
	P.O. Box <u>NOT</u> acceptable)	
orange park	32065 FL	
City	Zip	
	d in this certificate, I hereby accepacity. I further agree to comply the performance of my duties, and	pt the appointment as with the provisions of all l l am familiar with and
		E J. STATE OF THE B

ARTICLE IV-

Ramon velazquez

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

Title:	Name and Address:		
"AMBR" Authorized Member "MGR" Manager AMBR	DANIELA RAMIREZ		
			
(Use attachment if necessary)			
ARTICLE V: Other provisions, if any.			
REQUIRED SIGNATURE			
- Jeh	i dis		
This document is executed in accordance v	an authorized representative of a member with section 605 0203 (1) (b). Florida Statutes I am aware that nent to the Department of State constitutes a third degree felony		

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)