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03/02/23--01014--021 **155.00

COVER LETTER

SUBJECT: MOBIL TRINITY INTERSTATE, LLC (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: PAUL M PHILLIPS (Contact Person) WESTCHASE LAW, P.A. (Firm/Company) 12029 WHITMARSH LANE (Address) TAMPA, FL 33626 (City. State and Zip Code) PAUL@WESTCHASELAW.COM E-mail Address: (to be used for future annual report notifications)	TO: New Filing Sect Division of Corp			
(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: PAUL M PHILLIPS (Contact Person) WESTCHASE LAW, P.A. (Firm/Company) 12029 WHITMARSH LANE (Address) TAMPA, FL 33626 (City. State and Zip Code) PAUL@WESTCHASELAW.COM	·		II.C	
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PAUL M PHILLIPS (Contact Person) WESTCHASE LAW, P.A. (Firm/Company) 12029 WHITMARSH LANE (Address) TAMPA, FL 33626 (City, State and Zip Code) PAUL@WESTCHASELAW.COM				
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TAMPA, FL 33626 (City, State and Zip Code) PAUL@WESTCHASELAW.COM	12029 WHITMARSH LAN	I E		
(City, State and Zip Code) PAUL@WESTCHASELAW.COM		(Address)		_
PAUL@WESTCHASELAW.COM	TAMPA, FL 33626			
	(City	. State and Zip Code)		_
E-mail Address: (to be used for future annual report notifications)	PAUL@WESTCHASELA	W.COM		
	E-mail Address: (to be us	sed for future annual rep	port notifications)	_
For further information concerning this matter, please call:	For further information	concerning this mat	ter, please call:	
PAUL M PHILLIPS at (813) 435-3568	PAUL M PHILLIPS		at (813	435-3568
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	(Name of Contact I	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)				processed by this office must be payable in US
□ \$150.00 Filing Fees (\$25 for Conversion & \$155.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status of Organization) □ \$150.00 Filing Fees and Certified Copy & □ \$185.00 Filing Fees, Certified Copy, and Certificate of Status	(\$25 for Conversion ar & \$125 for Articles St	nd Certificate of	~	py Certified Copy, and
Mailing Address: Street Address:			<u>;</u>	Street Address:
New Filing Section New Filing Section				_
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee		porations		

Tallahassee, FL 32314

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 <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: MOBIL TRINITY INTERSTATE, INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
09/04/2018
on 09/04/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MOBIL TRINITY INTERSTATE, 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 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 28 da	y of February	20	23.
Signature of Authorized	Representative of L	imited Lia	ability Company:
Signature of Authorized I Printed Name: PAUL JALLO	Representative:	Tink	MANAGER
			low for required signature(s)
Signature: Printed Name: PAUL JALL		Title:	PRESIDENT
Signature: Printed Name: PAUL JAL		Title:	SECRETARY
Signature: Printed Name: PAUL JALLO		Title:	DIRECTOR
			·
Printed Name:		Title:	:
Signature:Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida Corporation: Signature of Chairman, Vi- If Directors or Officers have			
If Florida General Partne Signature of one General F		bility Part	nership:
If Florida Limited Partne Signatures of <u>ALL</u> Genera	e <mark>rship or Limited Lia</mark> I Partners.	<u>bility Limi</u>	ted Partnership:
All others: Signature of an authorized	person.		
Fees:			
Articles of Converges for Florida A Certified Copy: Certificate of Stati	rticles of Organizatio	\$30.0	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Αl	R₹	IC	1	Æ	ı	_	1	3	m	c	:
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The name of the Limited Liability Company is:

MOBIL TRINITY INTERSTATE, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
16055 STATE ROAD 52	16055 STATE ROAD 52
SUITE 201	SUITE 201
LAND O LAKES, FL 34638	LAND O LAKES, FL 34638

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:

City	Zip			
TAMPA	FI 33626			
Florida street address (P.O. Box <u>NOT</u> acceptable)				
12027 WHITMARSH LANE				
Name				
WESTCHASE LAW, P.A	, A PRIVATE LAW FIRM			

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

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: $\overline{\text{"AMBR"}}$ = Authorized Member "MGR" = Manager MGR PAUL JALLO 16055 STATE ROAD 52, SUITE 201 LAND O LAKES, FL 34638 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. REQUIRED SIGNATURE:

Typed or printed name of signee

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.

PAUL JALLO