# L23000133108

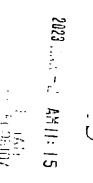
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , ,
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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# **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporations			
SUBJECT: JALLO OIL DISTRIBU	JTORS, LLC		
SUBJECT:	Name of Resulting Florida Lim	nited Company)	
		tion, and fees are submitted to convert an 'ny' in accordance with s. 605,1045, F.S.	'Othe
Please return all correspondence	concerning this matter to:	:	
PAUL M PHILLIPS			
(Contact Pe	erson)	<del></del>	
WESTCHASE LAW, P.A.			
(Firm/Com	pany)	_	
12029 WHITMARSH LANE			
(Addre	55)	<del></del>	
TAMPA, FL 33626			
(City, State and	Zip Code)	_	
PAUL@WESTCHASELAW.COM			
E-mail Address: (to be used for fute	ire annual report notifications)	<del></del>	
For further information concerni	ng this matter, please call	:	
PAUL M PHILLIPS	at ( <sup>813</sup>	435-3568	
(Name of Contact Person)	(Area Cod	e) (Daytime Telephone Number)	
Enclosed is a check for the follow dollars and drawn on a bank local		processed by this office must be payable in	n US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certification Status			
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	2023

INHS11 (7/17)

# 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:
JALLO OIL DISTRIBUTORS, 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)
03/07/2007 on
on (date of organization, formation or incorporation)
JALLO OIL DISTRIBUTORS, 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 day of February	20 23
Signature of Authorized Representative of Linu	ted Liability Company:
Signature of Authorized Representative:	
Printed Name: PAUL JALLO	Aire: MANAGER
Signature(s) on behalf of Other Business Entity:	-
Signature: PAUL JALLO	
Signature: PAUL JALO	Title: SECRETARY
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature: Printed Name: PAUL JAILO	
Printed Name: PAUL JAGLO	Title: DIRECTOR
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL 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)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Αľ	S I I	U	Lara	-	134	1111	

The name of the Limited Liability Company is:

#### JALLO OIL DISTRIBUTORS, 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 OLAKES EL 34638	LAND OLAKES EL 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:

WESTCHASE LAW, P.A.,	A PRIVATE LAW FIRM
N:	ame
12027 WHITMARSH LANI	E
Florida street address (P.O. Box NOT acceptable)	
TAMPA	FL 33626
City	Zip

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:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	PAUL JALLO
<del></del>	16055 STATE ROAD 52, SUITE 201
	LAND O LAKES, FL 34638
	<del></del>
(Use attachment if necessary)  CLE V: Other provisions, if any.	
<u>required</u> signature:	
\\ )	
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware tha ment to the Department of State constitutes a third degree felor
PAUL JALLO	
Tv	roed or printed name of signee

## Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)