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instructions to F	iling Officer:	
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Office Use Only

T. SCOTT APR 1 8 2023



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## COVER LETTER

TO: New Filing Section Division of Corpo				
SUBJECT: TRANSIT SE	RVICES GROUP, LI	LC		
500,7201.	(Name of Resi	ılting Florida Lim	ited Con	ipany)
				d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all correspon	ndence concerning	this matter to:		
HEATHER LIVERINGHOUS	SE			
(C	ontact Person)	<del>-</del>	_	
TRANSIT SERVICES GRO	UP, LLC			
·(Fi	rm/Company)		-	
2700 CRYSTAL WAY	, ,			
<del></del>	(Address)	<u> </u>	_	
NADI EC EL 24440	(Tradically			
NAPLES FL 34119			_	
-	State and Zip Code)			
DEBITALIAFERRO@TRAN			_	
E-mail Address: (to be used	for future annual rep	ort notifications)		
For further information co	oncerning this matt	er, please call:		
HEATHER LIVERINGHOUS	SE .	,612	、961 <b>-</b> 9	912
(Name of Contact Per	son)	_al ( (Area Code	_)	1912 time Telephone Number)
•	e following amoun	t: (All checks		ed by this office must be payable in US
\$150.00 Filing Fees \$25 for Conversion and State \$ \$125 for Articles State of Organization)	Certificate of	CI\$180.00 Filing and Certified Co		Certified Copy, and Certificate of Status
Mailing Address:			Street	Address:
New Filing Section	1			Filing Section
Division of Corpor				on of Corporations
P.O. Box 6327			The C	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

# **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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: TRANSIT SERVICES GROUP INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a S CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on (Enter state, or if a non-U.S. entity, the name of the country)  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TRANSIT SERVICES GROUP, 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 15 day of April	20 <u>22</u>
Signature of Authorized Representative of Linu	ited Liability Company:
Signature of Authorized Representative: Printed Name: HEATHER LIVERINGHOUSE	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)
Signature:	
Printed Name: MATTHEW LIVERINGHOUSE	Title: CEO, manage
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	C Diamed 1 arthersmp.
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)
difficate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

TRANSIT SERVICE GROUP, LLC  (Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:	animainal affice af the Limite	artiskiim o	. • .
The mailing address and street address of the p	principal office of the Limited	u Liability Compan	y is:
Principal Office Address:	<b>Mailing Address:</b>		
TRANSIT SERVICES GROUP, LLC	TRANSIT SERVICES GRO	UP. LLC	
2700 CRYSTAL WAY	2700 CRYSTAL WAY		
NAPLES FL 34119	NAPLES FL 34119	<del></del>	
The name and the Florida street address of the  MATTHEW LIVERINGHOUS  Nam  2700 CRYSTAL WAY  Florida street address (P.6)	SE ne	CAE STONE STATE OF THE CAE STATE OF THE	The second secon
NAPLES	<i></i>	100 ED 27 ED	
City	FL <sup>34119</sup> Zip	<i>0</i> 1	
Having been named as registered agent and liability company at the place designated to registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby acc acity. I further agree to compl performance of my duties, an	ept the appointmen y with the provision id I am familiar with	t as s of all i and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
PRESIDENT MCCOOK	HEATHER LIVERINGHOUSE
	2700 CRYSTAL WAY
	NAPLES FL 34119
es Manager	MATTHEW LIVERINGHOUSE
0	2700 CRYSTAL WAY
manager AMBR	NAPLES FL 34119
CHIEF DEVELOPER	DANIEL JOVANOV
	4041 ALIBI TERRACE
	NORTH PORT FL 342886
(Use attachment if necessary)	
CLE V: Other provisions, if any.	

Signature of a member or an authorized representative of a member

REQUIRED SIGNATURE:

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.

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)