

L23000209933

(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:

Office Use Only



300405917343

ORIGINAL FILED IN 4011

SECRETARY OF THE
TREASURY
TALLAHASSEE, FLORIDA

23 APR -6 PM 6:37

FILED



April 5, 2023

Florida Department of State
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Ste. 810
Tallahassee, FL 32303

Re: Trinity III, LLC Domestication/Conversion

Dear Ladies and Gentlemen:

Enclosed herewith please find a cover letter, Articles of Conversion for Other Business Entity into Florida Limited Liability Company, , and Articles of Organization. A Certificate of Good Standing from North Carolina's Secretary of State was previously submitted. A check in the amount of \$150.00 for the filing fees is also included.

Should you have any questions or wish to discuss, please do not hesitate to contact me at the email address or phone number listed below. A self-addressed, stamped envelope is enclosed for your convenience.

With best wishes,

Sincerely,

Jeffrey M. McCraw

JMM/
Enclosures

FILED

23 APR -6 PM 6:37

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Trinity III Transport, 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:

Trio Lejaune Jackson
(Contact Person)
Trinity III Transport, LLC
(Firm/Company)
8441 Stardust Way
(Address)
Brooksville, FL 34613
(City, State and Zip Code)
TRINITYIIITRANSPORT@yahoo.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Jeffery M. McCraw, Esq. at (704) 332-0205
(Name of Contact 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)

☒ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐ \$155.00 Filing Fees and Certificate of Status	☐ \$180.00 Filing Fees and Certified Copy	☐ \$185.00 Filing Fees, Certified Copy, and Certificate of 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

FILED
23 APR - 6 PM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
Trinity III Transport, 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 trust, etc.)

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 September 11, 2014
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Trinity III Transport, 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.

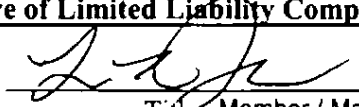
5. The plan of conversion has been approved in accordance with all applicable statutes.

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.

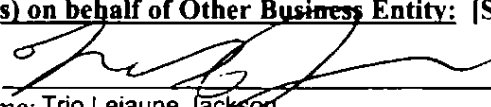
FILED
23 APR -6 PM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 31st day of March 20 23 .

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Trio Lejaune Jackson Title: Member / Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
Printed Name: Trio Lejaune Jackson Title: Member / Manager

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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 Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

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)

SECRETARY OF STATE
FALLAH ASSIETI, ESQ.

23 APR -6 PM 6:37

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trinity III Transport, 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:

8441 Stardust Way
Brooksville, FL 34613

Mailing Address:

8441 Stardust Way
Brooksville, FL 34613

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:

Trio Lejaune Jackson

Name

8441 Stardust Way

Florida street address (P.O. Box **NOT** acceptable)

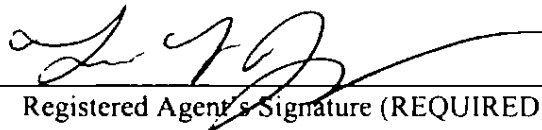
Brooksville

FL 34613

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)

FILED
23 APR -6 PM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR / MGR

Name and Address:

Trio Lejaune Jackson

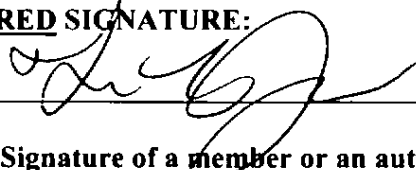
8441 Stardust Way

Brooksville, FL 34613

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Trio Lejaune Jackson

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)

FILED
23 APR -6 PM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA