23000237572

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W23000069795

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CALLAHASSEE FLOW

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FALLAHASSEE, FL 32309 850) 524-5437 850) 524-6243	
PLEASE USE FUNDS FROM THIS AUTHORIZATION SIGNATURE: _Black Shark Transportation LL.C. BUSINESS (Name)	ACCOUNT: I20210000160 AMOUNT: \$150
Certified Copy of articles Certificate of Status	
NEW FILINGS Profit Corp Not For Profit INC. Limited Liability Domestication Other CORP LLLP	AMENDMENTS Amendment Statement of Fact Resignation of R.A., Officer/Direct Change of Registered Agent Revocation of Dissolution Merger X Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTILLECountry	Other

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	RVICES, INC
PLEASE USE FUNDS FROM THIS AUTHORIZATION SIGNATURE: Black Shark Transportation LL.C. BUSINESS (Name) Certified Copy of articles Certificate of Status	Document #
NEW FILINGS Profit CorpNot For Profit INCLimited Liability DomesticationOtherCORPLLLP	AMENDMENTS AmendmentStatement of Fact Resignation of R.A., Officet/DirectorChange of Registered AgentsRevocation of DissolutionMergerX _ConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTILLECountry	Other

EXAMINER'S INITIALS:____



May 15, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: BLACK SHARK TRANSPORTATION L.L.C.

Ref. Number: W23000069795

We have received your document for BLACK SHARK TRANSPORTATION L.L.C. However, the document has not been filed and is being returned for the following:

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 823A00011035

COVERTERIER

10	New Library Section
	Division of Corporations

SUBJECT.

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Lutits" into a "Horida Limited Liability Company" in accordance with 5-605-1045, F.S.

Please return all correspondence concerning this matter to

(Contact Person)

Lack Mark It any prefetien Inc.

(Rund Company)

Address

Nection of FL 33578

(City, State and Zip Code)

Haynest type 1 @ gmail. Com

Formal Address (to be used for future annual report notifications)

23 MAY 12 MHIZ: 47

For further information concerning this matter, please call.

(Name of Contact Person) (Area Code) (Day time 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)

27 \$150 00 Filing Fees (\$25 for Conversion & \$125 for Articles

□\$155 00 Filing Fees and Certificate of

Status

☐\$180.00 Filing Fees and Certified Copy

☐\$185 (0) Filing Fees, Certified Copy, and Certificate of Status

& \$125 for Article of Organization)

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

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

The many of the "Cuber Besidence Cariou" immediately prior to the Gling of the Articles	s of Conversio	nn is
The name of the "Other Business Entity" immediately prior to the filing of the Articles Black Shark Transportation Inc.	y or Conversio	A1 13
(Enter Name of Other Business Entity)		
2 The "Other Business Entity" is a	law or business	trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the n	23 HS	_ ¬¬
(Enter state, or if a non-U.S. entity, the n	rame of the code	(F))
on 4/25/23 (date of organization, formation or incorporation)	34 7	ا
(date of organization, formation or incorporation)	, 12, 2	
3 The name of the Florida Limited Liability Company as set forth in the attached Article	les of Organi	
Black Shark Transportation L.L.C. (Enter Name of Florida Limited Liability Company)	<i>i</i> .	
(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 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		
document's effective date on the Department of State's records	WITT TEST OF TENED	i de tile
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 appraisa	រៀ nghts the រហ	nount to

which such members are entitled under ss. 605 1006 and 605 1061-605 1072, F.S.

\$30.00 (Optional)

\$5 00 (Optional)

Certified Copy

Certificate of Status

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	y is	
Black Shark T	Transportation L.L.C. unbility Company, "L.L.C., or "LLC."	
ARTICLE II - Address: The mailing address and street address of the street address and street address of the s	he principal office of the Limited	d Liability Company is
Principal Office Address:	Mailing Address:	
10918 Peppessong Dr. Riverview, FL 33578	10918 Reppersong Riverview, FL 33	Dr
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an i	ncuvicumi or anoches
a a constant of the constant o	Herander	FIL. 23 MAT 12 SECKE LANA ALLAHASSE
	Vame	ASS 12 F
	using Dr.	LED 12 MIZ: U ASSIE DESAM
Florida street address	(P.O. Box NOT acceptable)	
Riverview City	FL 33578 Zip	Ę# 5
City	Zip	
Having been named as registered agent a hability company at the place designal registered agent and agree to act in this contact in the statutes relating to the proper and compaccept the obligations of my position of Registered Agent's	ted in this certificate, I hereby acc apacity. I further agree to compl dete performance of my duties, an	cept the appointment as ly with the provisions of all ul I am familiar with and

(CONTINUED)

Title: "AMBR" - Authorized Member "MGR" = Manager	Name and Address: Thristopher Alexander 10418 regiensons Dr Riverview, FL 33578	
		
(Use attachment if necessary)	FALL	23
TICLE V: Other provisions, if any	AHASS C	MAY 12
REQUIRED SIGNATURE:		MH12: 4.8
This document is executed in accordance want talse information submitted in a document as provided for its \$17.155. F.S	a authorized representative of a member of section 605 0203 (1) (b). Florida Statutes. I am aware on to the Department of State constitutes a third degree to the Herarider ed or printed name of signee.	e that felony
	ed of printed name of signee Filing Fees Organization and Designation of Registered	

\$ 30,00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-