# 13000358049

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	_
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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01/23/23--01010--013 \*\*60.00

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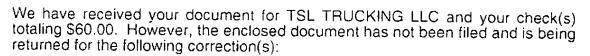
WQ3-41323



March 27, 2023

TERRY & SANDRA LITTLE TSL TRUCKING LLC 309 MYSTIC FALLS DR APOLLO BEACH, FL 33572

SUBJECT: TSL TRUCKING LLC Ref. Number: W23000041323



The correct forms are enlosed for the conversion of your LLC into Florida. Please complete and return all forms including a payment for the additional amount due. -\$125 We have already received \$60.00. CK # 5471

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 223A00006998

2023 APRILL AM JO: S4

### COVER LETTER

TO:	New Filing Sec Division of Co						
eud	IFCT.	TSL Tr	ucking	LLC			
SUB	JECT:	(Name of Res	ulting F	lorida Limi	ted Com	ipany)	
The e Busin	enclosed Articles ness Entity" into	of Conversion, Articl a "Florida Limited Li	es of ( ability	Organizat Compan	ion, an y'' in ac	d fees are submitted to convert an "coordance with s. 605.1045, F.S.	Other
Pleas	se return all corre	spondence concerning	g this 1	natter to:			
		Sandra M Little					
		(Contact Person)					
		TSL Trucking LLC					
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	,		_		
	3	09 Mystic Falls Drive					
	<u> </u>	(Address)					
	А	pollo Beach, FL 33572					
	(C	ity, State and Zip Code)			_		
	tslt	rucking16@gmail.com					
E	-mail Address: (to be	e used for future annual re	port no	tifications)	_		
For	further information	on concerning this ma	tter. p	lease call:	:		
San	dra Little		at (	303	) 86	68-1022	
	(Name of Conta	et Person)		(Area Cod	e) (Day	ytime Telephone Number)	
Encl dolla	losed is a check fours and drawn on	or the following amou a bank located in the	int: (A United	.II checks d States)	proces	sed by this office must be payable i	n US
(\$25 & \$1	150.00 Filing Fees for Conversion 25 for Articles eganization)	□\$155.00 Filing Fees and Certificate of Status		180.00 Filin Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Addo New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7			New Divis The 0 2415	Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	2023 APR

## Articles of Conversion For "Other Business Entity"

#### 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:  TSL Trucking LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TSL Trucking 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 10th day of April	20 <b>.aa</b>
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: <u>Sauce</u> Printed Name: <u>Sand-a</u> Li4\e	Aea Millo Title: Owner/COO
Signature(s) on behalf of Other Business Entity: \{\)	See below for required signature(s)
Signature: 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	Title: Owner/CEO
Signature: Printed Name: Terry L Little  Signature: Manda M Little  Printed Name: Sandra M Little	
Printed Name: Sandra M Little	Title: Owner/COO
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 of Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

2023 APR 14 PM 1:21

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	2:
TSL Trucking LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "L.I.C.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
309 Mystic Falls Dr	309 Mystic Falls Dr
Apollo Beach, FL 33572	Apollo Beach, FL 33572
Apollo Beac	JackSoN  The FallS DR  O. Box NOT acceptable)  L FL 33572  Zip  I to accept service of process for the above stated limite
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as a Registered Agent's Signature.	in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of acity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with an argistered agent as provided for in Chapter 605, F.S ignature (REQUIRED)
(CONT)	SECRETALLASA

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Terry L Little
	309 Mystic Falls Dr
	Apollo Beach, FL 33572
AMBR	Sandra M Little
	309 Mystic Falls Dr
	Apollo Beach, FL 33572
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
··	
	·
REQUIRED SIGNATURE;	
	' / <sub>~</sub>

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.

Terry L Little

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)

