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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 05/25/23

NAME: A&E TRUCKING SERVICES FL. LLC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



June 1, 2023

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: A&E TRUCKING SERVICES FL, LLC

Ref. Number: W23000075443

We have received your document for A&E TRUCKING SERVICES FL, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the entity must be identical throughout the document.

The effective date of the Other Business Entity is illegible.

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.

Monique K Anderson Regulatory Specialist II

Letter Number: 723A00012133

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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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: A&E Trucking Services FL, IIc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a A&E Trucking Services, Ilc. F2 10000 CHUU
(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:
A&E Trucking Services FL, IIc.
(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.
2£23 ':
· · · · · · · · · · · · · · · · · · ·

Signed this 5th day of May	
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Esmeralda San Andres	Title: Owner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: Esmeralda San Andres	Title: Owner
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 If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	· · · · · ·	
A&E Trucking Services FL, IIc.		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	 _
	, ,, , , , , , , , , , , , , , , , , , ,	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
The same of the sa	Maning Address:	
5051 Castello Drive	5051 Castello Drive	
Suite 242	Suite 242	
Naples, FL 34120	Naples, FL 34120	
A DOT OF THE CO.		
ARTICLE III - Registered Agent, Registered	Office, & Registered Age	ent's Signature:
The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an in	ndividual or another
The name and the Florida street address of the re	gistered agent are:	
Esmeralda San Andres		
Name		
ranc		
677 35th Avenue NW		
Florida street address (P.O.	Box NOT acceptable)	
Naples	34120	
	FL ³⁴¹²⁰	
City	Zip	
Having have named as united to the	,	
Having been named as registered agent and to	accept service of process for	r the above stated limited
liability company at the place designated in registered agent and agree to act in this capacit	inis cerujicaie, i nereby acci	ept the appointment as
statutes relating to the proper and complete pe	y. I juriner agree to comply	d Lam familian with and
accept the obligations of my position as regi	stormance of my unites, and stered agent as provided for	a i am jaminar wiin ana r in Chanter 605 E.S
, gameno sy my position, as vog.	orer ea agent as provided for	in Chapter 605, F.S
1 1	<u> </u>	N3
Registered Agent's Signa	iture (REQUIRED)	2023
(CONTINU	(DD)	€
(CONTINU	ED)	
		그 전체 표

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	Farmanda One Audon
MGR	Esmeralda San Andres 677 35th Avenue NW
	Naples, FL 34120
	•
Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	J. A
REQUIRED SIGNATURE:	an authorized representative of a member
Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree features.
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware