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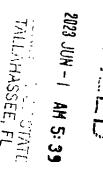
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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W23000060656



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2023

RAUL HERNANDEZ RAUL TRANSPORT SERVICES LLC 1402 W 42ND PL HIALEAH, FL 33012 US

SUBJECT: RAUL TRANSPORT SERVICES LLC

Ref. Number: W23000060656

We have received your document for RAUL TRANSPORT SERVICES LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Signature of Authorized Representative and Signature(s) on behalf of Other Business Entity is missing.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Dil Sultana Regulatory Specialist II

Letter Number: 723A00009361

COVER LETTER

| TO: | New Filing So Division of C | | | | | | | |
|---------------------|---|---|----------------------------------|-------------------------------|---|-------------------------------|--------------------|--------|
| SHRI | IFCT. Raul Trai | nsport Services LLC | | | | | | |
| SUD | ECT | (Name of Res | ulting Florida Li | mited Co | mpany) | _ | | |
| | | | - | | nd fees are submitted to accordance with s. 605.1 | | ı "Otho | er |
| Please | e return all corre | espondence concernin | g this matter to |) : | | | | |
| Raul I | Hernandez | | | | | | | |
| | | (Contact Person) | | | | | | |
| Raul | Fransport Service | es LLC | | | | | | |
| | | (Firm/Company) | | | | | | |
| 1402 | W 42 PL | | | | | | | |
| | | (Address) | | | | | | |
| Hialea | ah,FL 33012 | · | | | | | 29 | |
| | ((| City, State and Zip Code) | | | | ₹: | 123 | |
| raulell | eon@aol.com | | | | | | Ę | T |
| E-ı | nail Address: (to b | e used for future annual re | port notifications |) | | Ŧ | 1 | F10072 |
| For fu | inther information | on concerning this ma | tter, please cal | 1: | | IN THE OF STA LAHASSEE, FL | 2023 JUN - 1 AM 5: | |
| Raul I | Hernandez | | _at (<u>318</u> | 805- | 2381 | L, TS | ည် | الساءا |
| | (Name of Conta | et Person) | (Area Co | de) (Da | ytime Telephone Number) | | ω • | |
| | | or the following amou a bank located in the | | | ssed by this office must b | oe payable | in US | i • |
| (\$25 fc & \$125 | 50.00 Filing Fees or Conversion 5 for Articles anization) | ☐\$155.00 Filing Fees and Certificate of Status | ■\$180.00 Fil and Certified C | | □\$185.00 Filing Fees, Certified Copy, and Certificate of Status | | | |
| | Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, h | ection orporations 7 | | New Divis The (2415 | et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite Shassee, FL 32303 | e 810 | | |

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.

| Raul Transport Services Corp |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a 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 |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 03/25/2019 on |
| (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization; |
| Raul Transport Services LLC |
| (Enter Name of Florida Limited Liability Company) |
| The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after he 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. |
| The all the first term is a first term and the second seco |

- 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 16 day of March 20 23 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: Raul Hernandez Title: Owner Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Katt Printed Name: Raul Hernandez Title: Owner Signature: ___ Printed Name: Title: Signature: _______ Title: ______ Signature: Printed Name: Title: Signature: Printed Name: ______ Title: _____ 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

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Company | is: |
| Raul Transport Services LLC | |
| (Must contain the words "Limited Lia | bility Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1402 W 42 PL | 1402 W 42 PL |
| Hialeah, FL 33012 | Hialeah, FL 33012 |
| (The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.) The name and the Florida street address of the Royal Heavy Name and the Royal Heavy Name | vandez : |
| 1402 w 42 p. Florida street address (I | P.O. Box NOT acceptable) |
| <u>Hialeah</u> City | P.O. Box NOT acceptable) FL FL 330/2 Zip TALLAHASSEE, FL 5:3 |
| 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 | d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ate performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S |

(CONTINUED)

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|-----|----|-----|------|-------|
| AK | | L.I | L.L. | 1 V - |

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | |
|--|-------------------|----------------|
| "MGR" = Manager | | |
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| (Use attachment if necessary) | | |
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| | | 2023 TA |
| CLE V: Other provisions, if any. | | VI. |
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| NEOLUND SIGNAMUS | | SEE SEE |
| REQUIRED SIGNATURE: | | ក្ដីជីល់ |
| Kott Haloz | | 39 ATT |

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.

107
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)