L23000426289

| (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: |
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| |

Office Use Only



400413912404

08/15/23--01024--008 **155.00



COVER LETTER

| TO: New Filing Se Division of Co | | | |
|--|--|---|---|
| SUBJECT: JE TRU | CKING & HAULING (Name of Res | G INC ulting Florida Limited Com | ipany) |
| | | | d fees are submitted to convert an "Other cordance with s. 605.1045, F.S. |
| Please return all corre | espondence concerning | g this matter to: | |
| HECTOR ZULUAGA | (Contact Person) | | |
| | (Firm/Company) | | |
| 1523 DIAMOND L | OOP DRIVE (Address) | | |
| KINDRED, FL 34 | 744 City, State and Zip Code) | | |
| E-mail Address: (to be | e used for future annual rep | port notifications) | |
| For further information | on concerning this mat | ter, please call: | |
| HECTOR ZULUAGA | | _at (<u>917</u>) 68. | 3-6775 |
| (Name of Conta | et Person) | (Area Code) (Day | time Telephone Number) |
| | or the following amou a bank located in the I | · · · · · · · · · · · · · · · · · · · | ed by this office must be payable in US |
| ☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | ■S155.00 Filing Fees and Certificate of Status | □\$180.00 Filing Fees and Certified Copy | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Adds | ·ncc· | Ctuant | Address |

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 <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.

| 1. The name of the "Other Business Entity" immediately prior to JL TRUCKING & HAULING INC | the filing of the Articles of Conversion is: |
|---|---|
| (Enter Name of Other Business Entity) | · |
| 2. The "Other Business Entity" is a CORPORATION P1. (Enter entity type. Example: corporation, limited partnership, g | 80000 76884 |
| First organized, formed or incorporated under the laws of(Enter state. | |
| (Enter state. | or if a non-U.S. entity, the name of the country) |
| 09/11/2018 | |
| on | |
| 3. The name of the Florida Limited Liability Company as set fort | h in the attached Articles of Organization: |
| JL TRUCKING & HAULING LLC | |
| (Enter Name of Florida Limited Liability Compar | ny) |
| 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 the date this document is filed by the Florida Department of S | date nor more than 90 calendar days after - State.) |
| Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records. | iling requirements, this date will not be listed as the |
| 5. The plan of conversion has been approved in accordance with a | ill applicable statutes. |
| 6. The "Converted or Other Business Entity" has agreed to pay any r | nembers having appraisal rights the amount to |

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



| Signed this <u>10</u> | day of <u>AUGUST</u> | 2023 |
|--|---------------------------------------|--|
| Signature of Autho | rized Representative | e of Limited Liability Company: |
| | | 11 1 2 1 |
| Signature of Authori | zed Representative: _ | Hector Zulvaga · |
| Printed Name: <u>HECTC</u> | OR ZULUAGA | Title: MGR * |
| Signatura(s) on hobs | olf of Other Ducinese | Entitus (Coo holosy for required cionature(c)) |
| | | Entity: [See below for required signature(s)] |
| Signature: Head | or Zulvagen | Title: MGR |
| Printed Name: HECTO | OR ZULUAGĂ | Title: MGR |
| • | | |
| Signature: inde | A ZULUAGA | Title: MGR |
| rimica Name: <u>LigiAN</u> | A ZULUAGA | Tille: MON |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | | |
| Printed Name: | . <u></u> | Title: |
| | | |
| Signature: | | Title: |
| Printed Name: | | Title: |
| a. | | |
| Signature: | | Title: |
| Printed Name: | · · · · · · · · · · · · · · · · · · · | Title: |
| If Florida Corporati | on: | |
| Signature of Chairma | n, Vice Chairman, Dir | ector, or Officer. |
| | | ed, an Incorporator must sign. |
| | | , |
| | | <u>d Liability Partnership:</u> |
| Signature of one Gene | eral Partner, | |
| | | |
| <u>If Florida Limited P</u> | <u>artnership or Limited</u> | d Liability Limited Partnership: |
| Signatures of ALL G | eneral Partners. | |
| All others | | |
| All others: Signature of an author | rizad narean | |
| organium or an author | rizeu person. | |
| Fees: | | |
| | | |
| Articles of Co | onversion: | \$25.00 |

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| JL TRUCKING & HA | ULING LLC | | |
|--|--|---|---------------|
| (Mus | st contain the words "Limited | Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Add The mailing address | | the principal office of the Limited Liabili | ty Company is |
| Principal Office Address: | | Mailing Address: | |
| 1523 DIAMOND LOC | OP DRIVE | 1523 DIAMOND LOOP DRIVE | |
| KINDRED, FL 34744 | UN | KINDRED, FL 34744 UN | |
| (The Limited Liability Co- business entity with an a- | mpany cannot serve as its own ctive Florida registration.) | stered Office, & Registered Agent's Sign Registered Agent. You must designate an individual of the registered agent are: | |
| (The Limited Liability Co- business entity with an a- | mpany cannot serve as its own ctive Florida registration.) | r Registered Agent. You must designate an individual of the registered agent are: | |
| (The Limited Liability Co- business entity with an a- | mpany cannot serve as its own ctive Florida registration.) Torida street address o | n Registered Agent. You must designate an individual o | |
| (The Limited Liability Co- business entity with an a- | mpany cannot serve as its own cuve Florida registration.) Florida street address of HECTOR ZULUAGA 1523 DIAMOND LOOP | Registered Agent. You must designate an individual of the registered agent are: Name DRIVE | |
| (The Limited Liability Co- business entity with an a- | mpany cannot serve as its own etive Florida registration.) Florida street address of HECTOR ZULUAGA 1523 DIAMOND LOOP Florida street address | r Registered Agent. You must designate an individual of the registered agent are: Name DRIVE (P.O. Box NOT acceptable) | |
| (The Limited Liability Co- business entity with an a- | mpany cannot serve as its own cuve Florida registration.) Florida street address of HECTOR ZULUAGA 1523 DIAMOND LOOP Florida street address KINDRED | Name DRIVE (P.O. Box NOT acceptable) FL 34744 | |
| (The Limited Liability Co- business entity with an a- The name and the F | mpany cannot serve as its own cuve Florida registration.) Florida street address of HECTOR ZULUAGA 1523 DIAMOND LOOP Florida street address KINDRED City | r Registered Agent. You must designate an individual of the registered agent are: Name DRIVE (P.O. Box NOT acceptable) | or another |

(CONTINUED)

Registered Agent's Signature (REQUIRED)



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 | |
| MGR | HECTOR ZULUAGA |
| | 1523 DIAMOND LOOP DRIVE |
| | KINDRED, FL 34744 |
| MGR | LILIANA ZULUAGA |
| | 1523 DIAMOND LOOP DRIVE |
| | KINDRED, FL 34744 |
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| (Use attachment if necessary) | |
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| CLE V: Other provisions, if any. | |
| CLE V: Other provisions, if any. | |
| CLE V: Other provisions, if any. | |
| CLE V: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: | or Zulvaga. |
| REQUIRED SIGNATURE: | or Zulvaga. |
| REQUIRED SIGNATURE: | • |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, 1 am aware tha |
| Signature of a member or This document is executed in accordance any false information submitted in a document of the submit | 9 |

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)