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Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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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.

(Enter Name of Other Business Entity)	 ·
2. The YOth is Dusin as Fatign is a LIMITED LIABILITY COMPANY	
2. The "Other Business Entity" is a	mon law or business trust, etc.
First organized, formed or incorporated under the laws of	the name of the country)
11/14/2018 on .	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 A	rticles of Organization:
KGR LOGISTICS LLC	
(Enter Name of Florida Limited Liability Company)	··*
4. If not effective on the date of filing, enter the effective date:	<u> </u>
(The effective date: Cannot be prior to date of receipt or filed date nor more than 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 document's effective date on the Department of State's records.	•
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 continues the statutory filing requirements.	late will not be listed as the

Signed this 11TH day of SEPTEMBER	20 <u>23</u>
Signature of Authorized Representative of L	
Signature of Authorized Representative:	Title: MANAGER
Signature(s) on behalf of Other Business Entit	v: See below for required signature(s)
Signature: 6 cupe Marka	2
Printed Name: GRZEGORŹ KOLAWA	Title: MANAGER
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signaturo	
Signature:Printed Name:	Title:
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Signature: Printed Name:	Title:
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Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director,	or Officer.
If Directors or Officers have not been selected, ar	n Incorporator must sign.
If Florida General Partnership or Limited Lia Signature of one General Partner.	bility Partnership:
<u>If Florida Limited Partnership or Limited Lial</u> Signatures of <u>ALL</u> General Partners.	bility Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

Articles of Conversion:

\$25.00 Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

18459 S DIXIE HWY, SUITE 274 1845	office of the Limited Liability Company is: ling Address: 9 S DIXIE HWY, SUITE 274 MI, FL 33157
The mailing address and street address of the principal Principal Office Address: 18459 S DIXIE HWY, SUITE 274 MIAMI, FL 33157 ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Age	9 S DIXIE HWY, SUITE 274 M, FL 33157
Principal Office Address: 18459 S DIXIE HWY, SUITE 274 MIAMI, FL 33157 ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Age	9 S DIXIE HWY, SUITE 274 M, FL 33157
18459 S DIXIE HWY, SUITE 274 MIAMI, FL 33157 ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Age	9 S DIXIE HWY, SUITE 274 //I, FL 33157
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Age	ИI, FL 33157
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Age	
(The Limited Liability Company cannot serve as its own Registered Age	2. & Registered Agent's Signature:
The name and the Florida street address of the register	ed agent are:
GRZEGORZ KOLAWA Name	
Name	
18459 S DIXIE HWY SUITE 274	JANE LL S
Florida street address (P.O. Box 2	
	33157
City	Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	GRZEGORZ KOLAWA	
	18459 S DIXIE HWY SUITE 274	
	MIAMI, FL 33157	
		10
(Use attachment if necessary)		12
		I
CLE V: Other provisions, if any.		
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REQUIRED SIGNATURE:	1 . 1	
	10x [15/1000]	
		_
This document is executed in accordance	an authorized representative of a mem with section 605.0203 (1) (b), Florida Statutes, 1 a	ber
any false information submitted in a docur	ment to the Department of State constitutes a third	am aware t l degree fel
		-36.00 101
as provided for in s.817.155, F.S.		
·		
GRZEGORZ KOLAWA	ped or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

KGR LOGISTICS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 14, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JUNE A.D. 2023.

Authentication #: 2318004218 verifiable until 06/29/2024 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE