123111)558823

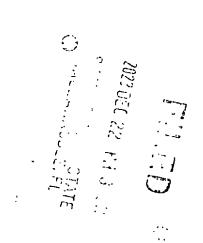
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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12/21/23--01009--008 ++155.00





Articles of Conversion

For

"Other Business Entity"

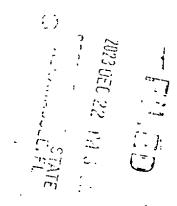
Into

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

	(Enter Name of Other Business Entity)
2. The "C	Other Business Entity" is a LIMITED LIABILITY COMPANY
	thater entity type. Example, corporation, limited partnership, general partnership,
First organ	TEXAS (Enter state, or if a non-U.S. entity, the name of the country)
On U3/23/2	021
(date of	organization, formation or incorporation)
3. The nar	ne of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	(Enter Name of Florida Limited Liability Company)
4. If not of	fective on the date of filing, enter the effective date:
the date th Note: If the d	ive date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after is document is filed by the Florida Department of State.) ate inscreed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
. The plan	of conversion has been approved in accordance with all applicable statutes.
. The "Con	Perted 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 OCTOBER	20 <u>2 3</u>
Signature of Authorized Representative	of Limited Liability Company
Signature of Authorized Representative: Printed Name: ADEL JAIME ANDARCIO	Title: AMBR
Signature(s) on behalf of Other Business Er	tity: [See below for required signature(e)]
Signature: () ((CC)) Printed Name: ADEL JAIME ANDARCIO	Title: AMBR
Signature: Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Tiol
Signature: Printed Name:	Title
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not been selected, an	
If Florida General Partnership or Limited Liabi Signature of one General Partner.	ility Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity 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 1 - Name:		
The name of the Limited Liability Compan	v is:	
,,	, .u.	
QUIVICAN TRUCK LLC		
	whility Company, "L. L.C.," or "LLC.")	
	sumy 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:		of company is.
· · - · · ·	Mailing Address:	
7773 NW 164 ST	7773 NW 164 ST	
MIAMI LAKES, FL 33016	MIAMI LAKES, FL 33016	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registress entity with an active Florida registration.)	ed Office, & Registered Agen gistered Agent You must designate an ind	t's Signature:
The name and the Florida street address of the	registered agent are:	
ISABEL ABREU GONZALEZ	7	
Nan		
	-	
7773 NW 164 ST		
Florida street address (P.C		
MIAMI LAKES City	ET 33016	
City	Zip	1 ,
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as region.	its. I further agree to comply with	the appointment as th the provisions of all
	•	
Registered Agent's Si	gnature (REQUIRED)	:
(CONTI		1023 NEC 22 PH
		मानं ८.

ARTICLE IV.

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

'A	Name and Address:
"AMBR" = Authorized Member	
MOK = Manager	
AMBR	ADC:
	ADEL JAIME ANDARCIO
	7773 NW 164 ST
	MIAMI LAKES , FL 33016
AMBR	
	ISABEL ABREU GONZLAEZ
	7773 NW 164 ST
	MIAMI LAKES, FL 33016
	and the same of th
 .	
	-
(Use attachment if necessary) ICLE V: Other provisions, if any	
(Use attachment if necessary) ICLE V: Other provisions, if any	
ICLE V: Other provisions, if any	
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ICLE V: Other provisions, if any	dei fig.
ICLE V: Other provisions, if any REQUIRED SIGNATURE:	Contract of the second of the
REQUIRED SIGNATURE: Signature of a member or an	authorized representative of a member h section 605.0203 (1) (b), Florida Statutes, I am aware that I to the Department of State constitutes a third degree fellows.
REQUIRED SIGNATURE: Signature of a member or an	to the Department of State constitutes a third degree felony.
REQUIRED SIGNATURE: Signature of a member or an This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S. ADEL JAIME ANDARCIO	to the Department of State constitutes a third degree felony.
REQUIRED SIGNATURE: Signature of a member or an This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S. ADEL JAIME ANDARCIO Typed	or printed name of signer
REQUIRED SIGNATURE: Signature of a member or an This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S. ADEL JAIME ANDARCIO Typed	or printed name of signer
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