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(1	Requestor's Name)
	Address)
(/	Address)
	Address)
(6	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(1)	Business Entity Name)
	Samuel North A
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: Devon Fypics Transport (Hion) (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
(Contact Person)
Devon Express Transportation LC (Firm/Company)
(Address)
Ft Pierce FL 34947 (City, State and Zip Code)
Devous KR47 annal com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact-Person) at (\$50) 345 3164 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$25 for Conversion & S180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status of Organization)
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
OCVOW Express Transportation LLC (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(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-11 S, entity, the name of the country)
(Effet stare, of it a non-o.s. entry, the name of the country)
17/17/17
on 12/17/17 (date of organization, formation or incorporation)
(date of organization, formation of incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Devou Express transportation: LCC.
Devou Express transportation; L(C. (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.
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5. The plan of conversion has been approved in accordance with all applicable statutes.
2. The plan of conference has occur approved in accordance with an approved comment.

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 30 day of Townson	_ 20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: 1200	· O · 1
Signature of Authorized Representative:	m bodand
Printed Name: Keviv 169000	Title:
Signature(s) on behalf of Other Business Entity: [
Λ . 0	
Signature: Liza Lidgore	m: L
Signature: Vicin Redayed Printed Name: Kausa Radgood	_ Title:
-	
Signature:Printed Name:	Title:
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Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Cimatura	
Signature:Printed Name:	Title
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 Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	tu Dartnarchin
Signature of one General Partner.	ty rartitersing.
Signature of one General Lattier.	
If Florida Limited Partnership or Limited Liability	ty 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
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
# ****** # * # ***********************	the state of the s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ocun Express Transportation (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	is:

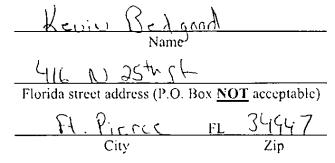
Triicipat Office Address.	Maning Address.
416 N 25thit	416 N25mg+
Ft. Pierce FL 34947	Ft. Picrce FL 34947
	· · · · · · · · · · · · · · · · · · ·

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Principal Office Address:



Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV	· •
The name and	

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

"AMBR" = Authorized Member	_
"MGR" = Manager	Keuiu Bedenod
<u> </u>	LILL 12 20th & L
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	17.1104 12 3114
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	in Bedgind
LE V: Other provisions, if any, REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	e with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document of the second of the sec	e with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: 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 ument to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree for
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REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree for