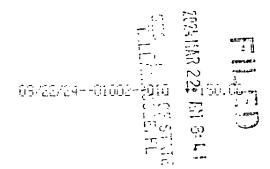
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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## **COVER LETTER**

TO: New Filing So Division of Co				
SUBJECT:	Samura (Name of Res	i X Press	LLC	
	(Name of Res	ulting Florida Limited Co	ompany)	
			and fees are submitted to co- accordance with s. 605.104	
Please return all corre	espondence concerning	g this matter to:		
JUAN	(Contact Person)			
	(Contact Person)			
	(Firm/Company)	- <del></del>		
17326 C	utwater In			
<u>Wesliy</u>	Chapel FL (Address) (Address)	33545		
Adorna	514@ C-mail.	com		
	e used for future annual re			
_	on concerning this ma		7 - 11 12 14	( 53
(Name of Conta	orao et Person)	at ( <u>473</u> ) (Area Code) (Da	aytime Telephone Number)	
Enclosed is a check for dollars and drawn on	or the following amou a bank located in the	nt: (All checks proce United States)	ssed by this office must be	
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□S155 00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	A SELECTION
<u>Mailing Addi</u> New Filing So			et Address: Filing Section	
Division of C	orporations	Divi	ision of Corporations	
P.O. Box 632 Tallahassee, I			Centre of Tallahassee 5 N. Monroe Street, Suite 8	10
r arranassee, r	15 04017		ahassee, 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.

. The name of the "Other Business Entity" immediately prior to the filing of the Article	s of Conversion is:
T3 C CAr Transport INC (Enter Name of Other Business Entity)	
(Enter Name of Other Business Entity)	
2. The POther Designer Control is a 1.1. C	
2. The "Other Business Entity" is a LLC (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 i	name of the country)
on May 5th 2017 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Organization:
Samuras Ypres LC (Enter Name of Florida Limited Liability Company)	
(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
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	
locument's effective date on the Department of State's records.	
The state of the s	F ZOZYKAR
5. The plan of conversion has been approved in accordance with all applicable statutes.	
5. The "Converted or Other Business Entity" has agreed to pay any members having appraisa	
which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.	<u> </u>
	THE STATE OF THE S

Signed this day of	_ 20		
Signature of Authorized Representative of Limit			
Signature of Authorized Representative:  Printed Name: Tahn Adorno	Tille: President		
Signature(s) on behalf of Other Business Entity:			
Signature:  Printed Name: Toan Actorno	Title: Presiden+		
Signature:Printed Name:	_ Title:		
Signature: Printed Name:	_ Title:		
Signature:Printed Name:			
Signature:Printed Name:	_Title:		
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	v Limited Partnership:		
All others: Signature of an authorized person.		2004 HAR	- 1
<u>Fees:</u>		7.22	C TTTP
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	CF STATE	

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
	· · · 11 (
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7326 Cutwater In Wesley Chapel FL 33545	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are:
Juan Ad.	0800
7326 Lutwater 1 Florida street address (P.O.	
Wesley Chapel City	
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

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

AMBR" = Authorized Member		
MGR <sup>n</sup> = Manager		
Prisident	Juan Adorno	
T. S. C. C.		
	<del> </del>	
<u> </u>		
Use attachment if necessary)		
Use attachment if necessary)		
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Use attachment if necessary)  .E.V: Other provisions, if any.		
·		
.F. V: Other provisions, if any.		
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.F. V: Other provisions, if any.		- C ·
.F. V: Other provisions, if any.		C .
EV: Other provisions, if any.  REQUIRED SIGNATURE:	r an authorized representative of a member	
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am	aware tha
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any talse information submitted in a doc	r an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I amount to the Department of State constitutes a third de	aware tha
REQUIRED SIGNATURE:  Signature of a member of this document is executed in accordance.	e with section 605 0203 (1) (b). Florida Statutes, I am	aware tha
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b). Florida Statutes, I am ument to the Department of State constitutes a third de	aware tha
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	e with section 605 0203 (1) (b). Florida Statutes, I am	aware tha