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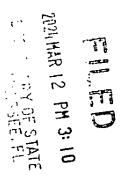
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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03/12/24--01034--036 **155.00



T. MATTHEWS

APR 30 2024





April 2, 2024

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MAX H SAINTIL 5233 NW 33RD AVE FORT LAUDERDALE, FL 33309 US

SUBJECT: KEYSTONE LOGISTICS LTD, LLC

Ref. Number: W24000052817

We have received your document for KEYSTONE LOGISTICS LTD, LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The business name you've registered for currently includes a double suffix. Please amend your document accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews Regulatory Specialist II

Letter Number: 124A00007067

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: TRUST ALLIANCE HOMES C	ORP EMN	erior Logistics, LLC
(Name of F	Resulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited	-	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ing this matter to:	
MAX H SAINTIL		
(Contact Person)		
EMPERIOR CORPORATION		
(Firm/Company)		
5233 NW 33RD AVD		
(Address)		
FORT LAUDERDALE		
(City, State and Zip Code	·)	
FLORIDA 33309	•	
E-mail Address: (to be used for future annual	report notifications)	
For further information concerning this n	natter, please call:	
MAX H SAINTIL	at (243-8443
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in the	•	rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	s S180.00 Filing and Certified Cop	——————————————————————————————————————
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		Street Address: New Filing Section Division of Corporations The 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 SEE. FL

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 the filing of the Articles of Conversion is: TRUST ALLIANCE HOMES CORP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on
EMPERIOR LOGISTICS, LLC
(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.

- 5. The plan of conversion has been approved in accordance with all applicable statutes.
- 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 15TH day of APRIL	_ 20 <i>34</i>
/ \	Λ ι
Signature of Authorized Representative of Lim	ted Liability Company:
	that see
Signature of Authorized Representative:	Title: PRESIDENT
Printed Name: MAX H SAINTIL	- Inte: PRESIDENT
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)
/ \ J \ \ \ X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	see below in required signature(s)
Signature:	
Printed Name: MAX H SAINTIL	Title: PRESIDENT
/ /	
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Timed valle.	
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title
Timed value.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
Signature of one General Farmer.	
If Florida Limited Partnership or Limited Liabilit	v 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

ARTICLE 1 - Name:	- 10 PM 3: 11
The name of the Limited Liability Company is:	2024 HAR 12 PM 3: 11
	SILU - ARY OF STATE
EMPERIOR LOGISTICS, LLC	SHO THIASSEE, FE
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
The maning address and street address of the pri	merpar office of the Elimied Elability Company in
Principal Office Address:	Mailing Address:
5233 NW 33RD AVE	5233 NW 33RD AVE
FORT LAUDERDALE	FORT LAUDERDALE
FLORIDA 33309	FLORIDA 33309
The name and the Florida street address of the remainder MAX H SAINTIL	
Name	
5233 NW 33RD AVE	
Florida street address (P.O.	Box NOT acceptable)
FORT LAUDERDALE	FI 33309
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	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 alterformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

AR	TT	CI	F 1	W
/1 R		•	. C.	

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	ı
MGR	MAX H SAINTIL
	5233 NW 33RD AVE
	FORT LAUDERDALE, FL 33309
	
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(11	
(Use attachment if necessary)	
(Use attachment if necessary)	
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(Use attachment if necessary) CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	an authorized representative of a member c with section 605 J/203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member c with section 605 D203 (1) (b), Florida Statutes. I am aware the innent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	an authorized representative of a member c with section 605 D203 (1) (b), Florida Statutes. I am aware the intent to the Department of State constitutes a third degree felo

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