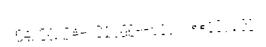
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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Artic	les of Conversion is:
Morgan TransPort Re Logistics LLC (Enter Name of Other Business Entity)	-·
2. The "Other Business Entity" is a Limital liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common	on law or business trust, etc
First organized, formed or incorporated under the laws of	e name of the country)
on 12/29/2022. (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art	-
Morgan Transport G Logistic 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 9 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 document's effective date on the Department of State's records.	90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to pay any members having apprai which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	sal rights the amount to
	· ·
	•

·	
Signed this 23 day of April	20 <u>2.4</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: tylen Printed Name: Kyle Mugan	Title: Owner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Morgan Logistics LLC Printed Name: Murayon Logistics LLC	Title: Noting Pasiness As none
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liability	corporator must sign.
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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

The name of the Limited Liability Company is:	
Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C."	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	ıy is:
Principal Office Address: Mailing Address:	
6714 Lorain St Orlando FL, 32810 Orlando FL, 32810	
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:	
Kyle Murgan Name	
Name	
6714 Lurain st BM	
Florida street address (P.O. Box NOT acceptable)	
0r19n00 FL 32810	
Orlando FL 32810 City Zip	
Having been named as registered agent and to accept service of process for the above stated a liability company at the place designated in this certificate. I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605. Figure 1.1.	nt as ns of all h and
Registered Agent's Signature (REQUIRED)	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
Λ Λο Π Π	
AMBR	tyle morg
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
	
REQUIRED SIGNATURE:	~
This document is executed in accordance	e an authorized representative of a member ewith section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree for
any false information submitted in a doct as provided for in s.817.155, F.S.	
as provided for in s.817.155, F.S.	Morgan
as provided for in s.817.155, F.S.	yped or printed name of signee Filing Fees