L24000301134

(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: 07/09/124
W24000054872

Office Use Only



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09/18/24--01031--024 **155.00



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April 5, 2024

JASON FULLER 192 SPIKES CIRCLE PANAMA CITY, FL 32409 US

SUBJECT: TWENTY-SIX LOGISTICS LLC

Ref. Number: W24000054872

We have received your document for TWENTY-SIX LOGISTICS 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Letter Number: 924A00007372

Tekayla T Matthews Regulatory Specialist II

2024 JUL -9 PM

COVER LETTER

TO:	New Filing Son Division of C				
SUB.	TECT: TWENT	Y-SIX LOGISTICS, LLC			
		(Name of Res	sulting Florida Limi	ted Con	npany)
		· · · · · · · · · · · · · · · · · · ·			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concernin	g this matter to:		
JASC	N FULLER				
	· · · · · · · · · · · · · · · · · · ·	(Contact Person)		-	
		(Firm/Company)		-	
192 5	SPIKES CIRCLE	· -		_	
		(Address)			
PAN	AMA CITY, FL 32	409			
	((City, State and Zip Code)		-	
CHR	ISTICHURCHWE	LL@GMAIL.COM		_	
E-	mail Address: (to b	e used for future annual re	port notifications)	-	
For f	urther informati	on concerning this ma	tter, please call:		
CHR	ISTI CHURCHWE	ELL	_at (ຸ522⊣	8075 OR 850-691-6277
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection orporations		New I Divisi	t Address: Filing Section fon of Corporations 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: MAVERICK XPRESS, INC.
(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
(Enter state, or if a non-U.S. entity, the name of the country)
03-03-2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TWENTY-SIX 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 <u>1st</u> day of <u>March</u>	20 <u>_ 2 </u>
Signature of Authorized Representative of Li	nited Liability Company:
<u> </u>	<u> </u>
Signature of Authorized Representative:	Vrust I Church
Printed Name: Christi Churchwell	Title: Mar
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Signature:()	
Printed Name: 375 - T. Fuller	Title: President
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, o	or Officer.
If Directors or Officers have not been selected, an I	
If Florida General Partnership or Limited Liab	ility Partnership:
Signature of one General Partner.	
3	
<u>If Florida Limited Partnership or Limited Liabi</u>	ility Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
o.ga.a.c o. a aamor.zoa poison.	
Fees:	
Articles of Conversion:	\$25.00
	·
Fees for Florida Articles of Organization:	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	
TWENTY-SIX LOGISTICS, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
192 SPIKES CIRCLE	192 SPIKES CIRCLE
PANAMA CITY, FL 32409	PANAMA CITY, FL 32409
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
CHRISTI CHURCHWELL	
Nam	e
192 SPIKES CIRCLE	
Florida street address (P.C). Box NOT acceptable)
PANAMA CITY	FL 32409
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S.
Registered Agent's Sig	nature (REQUIRED)
(CONTIN	(UED)

ARTICLE IV-

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

MGR" = Manager MGR MGR	JASON FULLER 192 SPIKES CIRCLE PANAMA CITY, FL 32409
	192 SPIKES CIRCLE
MGR	
MGR	PANAMA CITY, FL 32409
MGR	
	CHRISTI CHURCHWELL
	192 SPIKES CIRCLE
	PANAMA CITY, FL 32409
	~
	<u> </u>
Use attachment if necessary)	
Use attachment if necessary)	
This document is executed in accordance w	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a docume as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree felony
as provided for mis.et 1.155, r.s.	,
Christi Chur	chuzeil
Christi Chur	ed or printed name of signee
Christi Chur Type	ed or printed name of signee Filing Fees
Christi Chur Type \$125.00 Filing Fee for Articles of	ed or printed name of signee Filing Fees Organization and Designation of Registered Ager
Christi Chur Type	ed or printed name of signee Filing Fees Organization and Designation of Registered Age