# L24000348003

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





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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 Arti VAZ TRANSPORT LLC	cles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	
(Enter entity type. Example: corporation, limited partnership, general partnership, com	non law or business trust, etc.)
First organized, formed or incorporated under the laws of	he name of the country)
(Elliet State, St. 1) a non-only, charge,	ne name or the country)
04/25/2019 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	ticles of Organization:
VAZ TRANSPORT LLC	
(Enter Name of Florida Limited Liability Company)	<u> </u>
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 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 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	s.
6. The "Converted or Other Business Entity" has agreed to pay any members having appropriately such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	aisal rights the amount to
	· '
	1.>
	* * * *

Signed this	25 day of MARCH		
Signature (	of Authorized Representative of Lim	ited Liability Company:	
Cianotura o	f Authorized Representative: 170	no VIDORDE H.	
Printed Non	ne: TYRONE VAZQUEZ MIRANDA	Title: MANAGER	
r mileu Man	IIC. TTYONE THE GOLD WITH WEST	THE. MANAGERY	
Signature(s	s) on behalf of Other Business Entity:		
Signature:	Tyrone Vozguez H.  ne: TYRONE VAZQUEZ MIRANDA		
Printed Nan	ne: TYRONE VAZQUEZ MIRANDA	Title: MANAGER	
Signature:		Title:	
Printed Nan	ne:	Little:	
Signatura			
Printed Nan	ne:	Title:	
Timed Ivan		Truc	
Signature:			
Printed Nan	ne:	Title:	
Signature:			
Printed Nan	ne:	Title:	
Signature:		Title	
rimed Nan	ne	Title:	
If Florida (	Corporation:		
	f Chairman, Vice Chairman, Director, or	Officer.	
	or Officers have not been selected, an Ir		
	General Partnership or Limited Liabil	<u>ity Partnership:</u>	
Signature of	f one General Partner.		
If Clasida I	imited Dautnoughin on Limited Light	ity I imited Dartnerskin.	
	Limited Partnership or Limited Liabil of <u>ALL</u> General Partners.	ny Limited Fartnersmp.	
Digitatures (	ME General Farmers.		
All others:		-	کے
	f an authorized person.		2
	·		
Fees:			
			G.
	icles of Conversion:	\$25.00	
	s for Florida Articles of Organization:	\$125.00	
	tified Copy:	\$30.00 (Optional)	
Cer	tificate of Status:	\$5.00 (Optional)	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Compar	ny is:	
VAZ TRANSPORT LLC		
(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
4420 MEADOWVIEW DR	4420 MEADOWVIEW DR	
LAKELAND, FL 33810	LAKELAND, FL 33810	
TYRONE VAZQUEZ MIF	Name	
	(P.O. Box NOT acceptable)	
LAKELAND	FL <sup>33810</sup>	
City	Zip	
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constantes relating to the proper and compacted the obligations of my position of the Registered Agent's	ited in this certificate, I hereby acc capacity. I further agree to compl plete performance of my dutics, an	cept the appointment as v with the provisions of al ed I am familiar with and

(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" = Manager MANAGER	
_	
	TYRONE VAZQUEZ MIRANDA
	4420 MEADOWVIEW DR
	LAKELAND, FL 33810
	<del></del>
_	
(Use attachment if necessary)	
LE V: Other provisions, if any.	?
in a second providence in any	·
REQUIRED SIGNATURE:	
	- Nazava +1
1 41/	one latguez H.