# 

(Requestor's Name)		
(Address)		
(Addr	ess)	
(City/s	State/Zip/Phoni	e #)
PICK-UP	MA <sub>F</sub> T	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





08/28/24--01011--006 \*\*155.00



### **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporations				
SUBJECT: C5 logistics, LLC				
	esulting Florida Limi	ted Co	mpany)	_
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	<del>-</del>			
Please return all correspondence concerni	ng this matter to:			
Morgan Winkler				~
(Contact Person)		-		2024 AUG 28 AM 9: 54 SEGGGAR SEGGE FATE
(Firm/Company)		-		28
3225 McLeod Drive, Suite 100				100
(Address)		_		
Las Vegas, Nevada 89121				TAIL
(City, State and Zip Code)	l	-		
ra@andersonadvisors.com				
E-mail Address: (to be used for future annual i	report notifications)	-		
For further information concerning this m	atter, please call:			
Morgan Winkler	at ( 800	706-	<b>-4</b> 741	
(Name of Contact Person)		(Da	ytime Telephone Number)	_
Enclosed is a check for the following amodollars and drawn on a bank located in the		oroces	sed by this office must	be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$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 Address: New Filing Section Division of Corporations P.O. Box 6327		New Divis	et Address: Filing Section sion of Corporations Centre of Tallahassee	010
Tallahassee, Fl. 32314		2415	N. Monroe Street, Suit	e 810

Tallahassee, 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.

C5 logistics, LLC
(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, common law or business trust, etc.
(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)
09/22/2017 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the <b>attached Articles of Organization</b> : C5 logistics, LLC
(Enter Name of Florida Limited Liability Company)
(Time Name of Frontia Eminet Chaomity 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 Agusuts day of 19	20 <u>_24</u>		
Signature of Authorized Representative of Limited Liability Company:			
Signature of Authorized Representative: Printed Name: Morgan Winkler	Title: Authorized Representative		
Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s)]		
Signature: (Jugan! Note;			
Signature: \( \frac{\lambda_{\text{opticl}}^{\text{Notion}} \rangle \) Printed Name: \( \text{Morgan Winkler} \)	Title: Authorized Representative		
Printed Name:	Title:		
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title;		
Signature:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte			
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:		
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.			
All others: Signature of an authorized person.			

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

2024 AUG 28 AM :

ARTICLE I - Na					
The name of the L	imited Liability Compa	ny is:			
C5 logistics, LLC					
(M	ust contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	<u></u>		
ARTICLE II - Ac	ddress:				
The mailing addre	ss and street address of	the principal office of the Limited	l Liability Company is:		
Principal Office A	Address:	Mailing Address:			
3225 McLeod Dr. S	uite 100	3225 McLeod Dr. Suite 100			
Las Vegas, NV 89121		Las Vegas, NV 89121			
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.)	stered Office, & Registered Age Registered Agent. You must designate an in the registered agent are:	nt's Signature: idividual or another		
		-	<b>202</b> See -		
	Anderson Registered Agents, Inc.		2024 AUG		
		Name	22 TA STEEL		
	8480 Honeycutt Rd, Suite 200-V88				
	Florida street address	(P.O. Box NOT acceptable)			
	Raleigh	FI 27615	SIAI 9: S		
	City	Zip	JE 31		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Dean L. Ramsden	
	3225 McLeod Dr. Suite 100	<del>-</del>
	Las Vegas, NV 89121	
MGR	Clayton Ramsden	
	3225 McLeod Dr. Suite 100	
	Las Vegas, NV 89121	<del></del>
		<del> </del>
<del></del>		<u> </u>
	<del></del>	<del></del>
(Use attachment if necessary)		
		<b>20</b>
ICLE V: Other provisions, if any.		2024 AUG Taleyje
TODE VI Other provisions, if any.		<u> </u>
		2.5. 8
		6270
BPOUDED CLONATURE	_	<b>2 1 2 3 3 4 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 1 5 1 1 1 1 1 1 1 1 1 1</b>
REQUIRED SIGNATURE:	Jerganf Ninkler	9: 54 STATE , FL
•	Land A same	14 t-

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Morgan	Winkler
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Typed or printed name of signee

**Filing Fees** 

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