L24000486523

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





700432034817

06/25/24--01022--005 **155.00

GLONG BARY OF STATE

2024 JUN 25 AM 10:



June 28, 2024

MOHAMMED AHMAD 4250 ALAFAYA TRL 212 # 366 OVIEDO, FL 32765 US

SUBJECT: MK TRANSPORT SERVICES, LLC

Ref. Number: W24000097188

We have received your document for and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

Letter Number: 824A00014223

KAIN COSTELLO Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

| TO: New Filing Section Division of Corporation | | | | |
|---|--|---------------------------------------|----------|--|
| SUBJECT: MK TRANSPO | ORT SERVICES, IN | C | | |
| 30bJEC1 | (Name of Resi | alting Florida Limit | ed Compa | ny) |
| | | | | dees are submitted to convert an "Other ordance with s. 605.1045, F.S. |
| Please return all correspor | ndence concerning | this matter to: | | |
| MOHAMMED AHMAD | | | | |
| (Co | ontact Person) | | | |
| MK TRANSPORT SERVICE | ES, LLC | | | |
| (Fi | rm/Company) | | | |
| | (Address) | | | |
| 4250 ALAFAYA TRAIL, 212 | . , | | | |
| | State and Zip Code) | | | |
| OVIEDO, FL 32765 | value and rap code? | | | |
| E-mail Address: (to be used | I for future annual rep | ort notifications) | | |
| For further information co | oncerning this mat | ter, please call: | | |
| MOHAMMED AHMAD | | _at (| 383-278 | 88 |
| (Name of Contact Per | son) | (Area Code) | (Daytim | e Telephone Number) |
| Enclosed is a check for the dollars and drawn on a ba | | | rocessed | by this office must be payable in US |
| | 155.00 Filing Fees Certificate of us | □\$180.00 Filing and Certified Cop | y C | 3\$185.00 Filing Fees. Certified Copy, and Certificate of Status |
| Mailing Address: New Filing Section Division of Corporate P.O. Box 6327 | | | Division | ddress: ing Section of Corporations tre 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 <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.

| (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a CORPORATION (INC) (Enter entity type. Example: corporation, limited partnership, general partnership, common | |
|--|--------------------------------|
| (Catar antity turn). Example, approprian limited partnorship, paneed partnorship, among | |
| (ranter entity type: "example: corporation, infinited partnership, general partnership, commo | on law or business trust, etc. |
| First organized, formed or incorporated under the laws of | |
| (Enter state, or if a non-U.S. entity, the | a name of the country) |
| 10-01-2019 On (date of organization, formation or incorporation) | |
| | inter 60 disease |
| The name of the Florida Limited Liability Company as set forth in the attached Arti MK TRANSPORT SERVICES, LLC | icies of Organization: |
| | - |

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 15 day of MAY, 2024 | 20 |
|--|--|
| Signature of Authorized Representative of L | imited Liability Company: |
| Signature of Authorized Representatives | |
| Signature of Authorized Representative: Printed Name: MOHAMMED AHMAD | Title: PRESIDENT |
| | |
| Signature(s) on behalf of Other Business Entity | v: See below for required signature(s) |
| S AL DAY | |
| Signature: MOHAMMED AHMAD | Title: PRESIDENT |
| Timed Name, work with the | Title. |
| Signature: | |
| Signature:Printed Name: | Title: |
| 0. | |
| Signature:Printed Name: | Tids |
| rimed Name. | Tide. |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | I itle: |
| Signature: | |
| Printed Name: | Title: |
| | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, | |
| If Directors or Officers have not been selected, an | Incorporator must sign. |
| If Florida General Partnership or Limited Lial | hility Partnershin: |
| Signature of one General Partner. | The state of the s |
| | |
| If Florida Limited Partnership or Limited Lial | bility Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | |
| All others | |
| All others: Signature of an authorized person. | |
| | |
| 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: |
| | |
| MK TRANSPORT SERVICES, LLC | |
| (Must contain the words "Limited Lia | ability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the | e principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4250 ALAFAYA TRAIL | 4250 ALAFAYA TRAIL |
| 212 # 366 | 212 # 366 |
| OVIEDO, FL 32765 | OVIEDO, FL 32765 |
| WILSON BENJAMIN | ame |
| 6220 S. ORANGE BLOSS | |
| Florida street address (I | P.O. Box NOT acceptable) |
| ORLANDO | FL ³²⁸⁰⁹ |
| City | Zip |
| liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple | nd to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as pasity. I further agree to comply with the provisions of all etc performance of my duties, and I am familiar with and s registered agent as provided for in Chapter 605, F.S |

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|-------------------|
| "MGR" = Manager MGR | MOHAMMED AHMAD |
| WOIL | 14863 OLDHAM DR |
| | ORLANDO, FL 32826 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| | |
| LE V: Other provisions, if any. ING THE ENTITY OF THE BUSINES F | ROM INC TO LLC |
| TO THE EIGHT OF THE BOOKYEOT | 10 |
| | |
| REQUIRED SIGNATURE: | |

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent s 5.00 Certificate of Status (Optional 25 AM IO: 22 AM IO: 22 \$ 30.00 Certified Copy (Optional)

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.

MOHAMMED AHMAD