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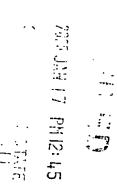
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### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: NKramer Ligistics (LC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Wayne Kramar (Contact Person) WKramer (DGISTIZS LLC (Firm/Company)
727 Lightsey Crossing Ln.
Standigusting FL 32084 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (47+) 6405-2965  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$155.00 Filing Fees and Certified Copy  \$180.00 Filing Fees and Certified Copy  Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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 Article	es of Convers	sion is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a	n law or busines	ss trust, etc.)
First organized, formed or incorporated under the laws of Princy Van a (Enter state, or if a non-U.S. entity, the	name of the cou	
on (date of organization, formation or incorporation)	2025 JAH	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	cles of Organ	nization:
(Enter Name of Florida Limited Liability Company)	PHI2: 48	
4. If not effective on the date of filing, enter the effective date: Date of filing.	### F	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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.  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 8th day of January	_20 <u>.25</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Note Printed Name: Waling H Kramer	Title: Owner	
Signature(s) on behalf of Other Business Entity: [		
Signature: North Printed Name: Willine A Kramer	Title: OWNEY	
Signature: Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:		~ 1
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Signature:Printed Name:	The state of the s	
Printed Name:	_ Title:	
Signature:		
Printed Name:	Title:	21 k
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.		PM 12: 45
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
WKramer Logistic (Must contain the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
727 Lightery Crossing Ln. Staugastine, FZ :32084	777 Lightey (rossing ln. Staugustme, Fi 32082)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Wayne A Name	Cramer 173 55
727 Lightse Florida street address (P.O.	<del>-1                                    </del>
51 augustmo	FL 32084 Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

AR	TIC	LE I	IV-
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• • .

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	Wayne Kramer 727 Lightsey (mesmorth. St. augustme Fr. 32082)
	2025 Jái
(Use attachment if necessary)	PM IZ
CLE V: Other provisions, if any.	FI. FILE
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
Wayne AK	ped 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)