

P15000020235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

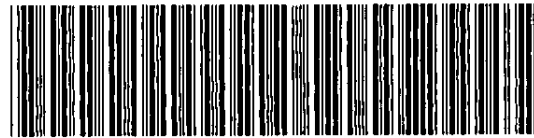
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Certified Copies _____ Certificates of Status _____

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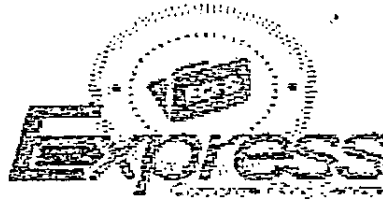


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01/26/15--01003--009. **113.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
15 JAN 26 AM 10:54
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 MAR -32 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. _____
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate of Status

FILED
15 MAR -3 AM 9:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input checked="" type="checkbox"/>	Other: conversion

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille
<input type="checkbox"/>	Other:

Examiners Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2015

EXPRESS CORPORATE FILING
WALK IN

SUBJECT: OCTAVIO CORONEL TRANSPORT REFRIGERATION SERVICES
& REPAIR, INC.
Ref. Number: W15000005512

We have received your document for OCTAVIO CORONEL TRANSPORT REFRIGERATION SERVICES & REPAIR, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 015A00001573

RECEIVED
DEPARTMENT OF STATE
15 MAR - 3 AM 10:51

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

OCTAVIO CORONEL TRANSPORT REFRIGERATION SERVICES & REPAIR LLC

L12000088245

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **LIMITED LIABILITY COMPANY**
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **FLORIDA**
(Enter state, or if a non-U.S. entity, the name of the country)

on **07/06/2012**

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

OCTAVIO CORONEL TRANSPORT REFRIGERATION SERVICES & REPAIR, INC.


Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

FILED
15 MAR -3 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 02 day of JANUARY, 2015.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: 

Printed Name: OCTAVIO CORONEL Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature:  

Printed Name: OCTAVIO CORONEL Title: MGR

Signature: 

Printed Name: ROSAÍDA SANCHEZ Title: MGR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: OCTAVIO CORONEL TRANSPORT REFRIGERATION SERVICES & REPAIR, INC.

Principal street address

1401 SW BAYSHORE BLVD
PORT ST. LUCIE, FL 34983

Mailing address, if different is:

ARTICLE III PURPOSE ANY AND ALL LAWFULL BUSINESS
The purpose for which the corporation is organized is:

The number of shares of stock is:

Name and Title: OCTAVIO CORONEL (P)

Address 1401 SW BAYSHORE BLVD
PORT ST. LUCIE, FL 34983

Name and Title: ROSAIDA SANCHEZ (V/P)

Address: 1401 SW BAYSHORE BLVD
PORT ST. LUCIE, FL 34983

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OCTAVIO CORONEL

Address: 1401 SW BAYSHORE BLVD
PORT ST. LUCIE, FL 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OCTAVIO CORONEL
Address: 1401 SW BAYSHORE BLVD
PORT ST. LUCIE, FL 34983

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


(X)

Required Signature/Registered Agent

01/02/2015

Date

I submit this document and affirm that the facts stated herein are true. 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.


(X)

Required Signature/Incorporator

01/02/2015

Date

FILED
15 MAR -3 AM 9:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA