## P15000024182

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
<del>675-</del>	12619	

Office Use Only



400269322164

02/18/15--01013--019 \*\*105.00

SECRETARY OF STATE
TAIL AHASSEE, FLORIDA



1/4/

## **COVER LETTER**

TO:

Charter Section

Tallahassee, FL 32301

Division of Corporations	
SUBJECT: 5 & 7 Loader Name of Resulting	Service 3 No. g Florida Profit Corporation
	icles of Incorporation, and fees are submitted to Florida Profit Corporation" in accordance with
Please return all correspondence concerning	this matter to:
Marty Gary Barber Contact Person	
S & T Loader Service Firm/Company	<u>e</u>
5550 East Irlo Brons Address	son men. Hwy,
St. Cloud, FL 34771 - City, State and Zip Code	8735
E-mail address: (To be used for future annual re	port notification)
For further information concerning this matt	er, please call:
Martin Gary Barber Name of Contact Person	at ( 407 ) 908-4339 Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	
\$105.00 Filing Fees	□\$113.75 Filing Fees and Certified Copy □\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32314



February 20, 2015

MARTIN GARY BARBER 5550 EAST IRLO BRONSON MEM. HWY ST. CLOUD, FL 34771-8735

SUBJECT: S & T LOADER SERVICE LLC

Ref. Number: W15000012619

We have received your document for S & T LOADER SERVICE LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

\*\*\*\*Please file 2015 Annual Report for the LLC\*\*\*\*.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 415A00003636



Certificate of Conversion

For "Other Business Entity"

Into Florida Profit Corporation

15 MAR 12 AM 8: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:				
5 to Loader Service, LLC L14-93939.  Enter Name of Other Business Entity				
Enter Name of Other Business Entity				
2. The "Other Business Entity" is a				
(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 <u>Colli 2014</u> Florid (Enter state, or if a non-U.S. entity, the name of the country)				
on <u>le   11   201   1</u> Enter date "Other Business Entity" was first organized, formed or incorporated				
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 <u>attached Articles of</u> <u>Incorporation:</u>				
S&T Loader Service The				
S & T Loader Service 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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)				



Signed this 13th day of February		20 15 MAR 12 A	M 8: n
Required Signature for Florida Profit Corporat		SECRETARY OF	STATE
Signature of Chairman, Vice Chairman, Director, Cheen selected, an Incorporator:  Printed Name: Martin 6. Barber Title:	Officer, or, if Dire	ectors or Officers hav	/e not
Printed Name: Martin G. Barber Title:	Mortager	* resident	<u>.                                    </u>
Required Signature(s) on behalf of Other Busines signature(s).]	s Entity: [See bel	ow for required	
Signature: Mar Sur Ba			
Printed Name: Martin Gary Barber	_Title:	ager Presi	<u>9</u> 6×+
Signature: Calic S. Barly			
Signature: Celia 5: Barber Printed Name: Celia 5: Barber	_Title: Vice	President	<u>-</u> r
Signature:			
Printed Name:	Title:		<del>-</del>
Signature: Printed Name:			
Printed Name:	Title:		_
Signature:Printed Name:	Title:		
Signature:			
Printed Name:	Title:		<u> </u>
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partne	ership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative			
All others: Signature of an authorized person.			
Fees:			
Certificate of Conversion:	\$35.00		
Fees for Florida Articles of Incorporation: Certified Copy:	\$70.00 \$8.75 (Optional	)	
Certificate of Status:	\$8.75 (Optional	-	



## ARTICLES OF INCORPORATION 15 MAR 12 AM 8: 06 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: 5 \$	TALLAHASSEE HORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address 5550 E. INO Bronson rum Hwy.	Mailing address, if different is: 5550 E INO Bronson Mem. Hwy
St. Cloud, FL 34771-8735	St. Cloud, FL ZYTTI.8735
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
Any LAWful	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
Name and Title: Martin Gary Barber	Name and Title: Ceria S. Barber
_	
Address: 5550 E. Irlo Bronson Mem	· Address: 5550 E. Ivio Bronsonnem, Hwy,
	Address: 5550 E. Ivio Browsonnem, Huy,
Address: 5550 E, Inlo Brunson Mem.  Hwy- St. Claud. FL  Name and Title: 34771. 8735	
Hwy- St. Claud FL	Address: 5550 E. Irlo Browsonnem, Hwy, St. Cloud; FL 34771-8735
Hwy-Str Cland, FL Name and Title: 34771 8735	Address: 5550 E. Ivio Browsonnem, Hwy, St. Cloud; FL 34771-8735  Name and Title:
Hwy - Str Claud, FL  Name and Title: 34771: 8 735  Address:	Address: 5550 C. Ivio Brmsonnem, Hwy, St. Cloud; FL 34771-8735  Name and Title:  Address:
Name and Title:  Name and Title:  Name and Title:	Address: 5550 C. Zirlo Brmsonnem, Hwy, St. Cloud; FL 34771-8735  Name and Title:  Address:  Address:
Name and Title:  Name and Title:  Address:  ARTICLE VI REGISTERED AGENT	Address: 5550 C. Irlo Brmsommem, Hwy,  St. Cloud; FL 34771-8 735  Name and Title:  Address:  Address:  Address:

St. Cloud, FL 3471-8735

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

15 MAR 12 AM 8: 06

Name:

martin Gary Barbel

Address:

5550 E. Irlo Browson mem. Hwy.

5+1 Cloud, FL 34711-8735

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

9-15-5012

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 Departifient of State constitutes a third degree felony as provided for in s.817.155, F.S.

2. 13-3015 Date