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#### **COVER LETTER**

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TO:	Charter Section Division of Corp	oration
SUBJI	ECT: Car	Tra

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SECREMAN STATE

SUBJECT: Car Transport Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

L. Virginia Carroll Contact Person
C&C Transport INC, DBA, OTR Hauling
324 Hibiscus Dr Address
Lake Wales, Fl 33898 City, State and Zip Code
Virc 2125@ gmail. Com

Vive 2125 (2) Amail. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L. Virginia Carroll at (863) 201-3245

Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$105.00 Filing Fees and Certificate of Status □ \$113.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status

## **STREET ADDRESS:**

New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### **MAILING ADDRESS:**

New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

### **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



16 MAR 10 AH 11:09

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: OTR Hauling Inc
Enter Name of Other Business Entity F1500003121 2. The "Other Business Entity" is a <u>Corporatio</u>
(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 \_\_\_\_\_\_.

(Enter state, or if a non-U.S. entity, the name of the country) 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: N/A 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Hauling 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.) 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.

Signed this 10 day of March	,20 <u> </u>			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director, Officer Incorporator: Landon D. Carroll Title: Own of Chairman, Director, Officer Incorporator: Chairman, Director, Officer Incorporator, Officer Inco	r, or, if Directors or Officers have not been selected, an			
Required Signature(s) on behalf of Other Business Er				
Signature: Clarter D. Curroll				
Printed Name: Chriton D. Carroll	Title: Owner/Pres			
Signature:				
Printed Name:	Title:			
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 L Signatures of <u>ALL</u> General Partners.	imited Partnership:			

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:

\$70.00

Certified Copy: Certificate of Status:

\$8.75 (Optional) \$8.75 (Optional)

Page 2 of 2



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

ARTICLE I NAME The name of the corporation shall be: OTR, Ho	iuling I	NC -	16 MAR IC	90:11 MA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			SECRETAL TALLAHASI	IN OF STATE SEF PLORIDA
Principal street address  324 Hibiscus Di		Mailing address, if dif	ferent is:	_
LAKe Wales, F1 33898				<del></del>
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:				
Produce hauting				- -
				-
				<del>-</del>
				<del>-</del>
ARTICLE IV SHARES The number of shares of stock is: 100				
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CTORS			
Name and Title: Clinton D. Carroll	Name and Titl	e: Owner/A	esident	·
Address: 324 Hibiscus Dr	Address:	SAME	<del></del>	<del></del>
Lake Wales, F1 33898				<del></del>
Name and Title:	Name and Titl	e:		
Address:	Address:	<del></del>		
Name and Title:	Name and Titl	e:		<del></del>
Address:	Address:			<del></del>

	APHACYCL				
ARTICLE VI REGISTERED AGENT	APPOVEL AND FILED				
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:					
Name: L. Virginia Carroll Address: 324 Hibiscus Dr.	16 MAR 10 AM 11: 09				
Address: 324 Hibiscus Dr.	ምም ለአማነም ነው ለ 1				
Lake Wales, F1 33898	SECRETATION OF STATE TALLAMASSES PLORIDA				
ARTICLE VII INCORPORATOR					
The <u>name and address</u> of the Incorporator is:					
Name: Clinton D. Carroll					
Address: 324 Hibiscus Dr					
Lake Wales, Fl 33898					
*********************	****				
Having been named as registered agent to accept service of process for the above stated corpo this certificate, I am familiar with and accept the appointment as registered agent and agree to					
Required Signature/Registered Agent Date	· 6				
Required Signature/Registered Agent 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.					
Oliton D. Cample 3-10- Required Signature/Incorporator	-/6 Dete				
Required Signature/ nicor porator	Date				