

P16000032614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

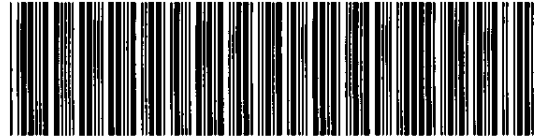
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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16 APR - 7 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gulligan APR 13 2016

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Cousins 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:

Benjamin Brauser

\_\_\_\_\_  
Contact Person

Law Offices of Benjamin S. Brauser, P.A.

\_\_\_\_\_  
Firm/Company

4400 Biscayne Blvd Suite 850

\_\_\_\_\_  
Address

Miami, FL 33137

\_\_\_\_\_  
City, State and Zip Code

Ben@marlincapital.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Brauser

at ( 305 ) 576-9219

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees and Certificate of Status    ☐ \$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  
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**

FILED  
16 APR -7 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Cousins Transport, LLC

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 June 26, 2013

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:**

Cousins Transport, 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 \_\_\_\_\_ day of April, 20<sup>16</sup>.


**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: Benjamin Brauser Title: Vice President

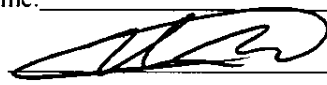
**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: 

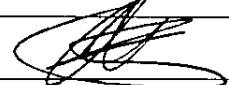
Printed Name: Matthew Brauser Title: President

Signature: 

Printed Name: Benjamin Brauser Title: Vice President

Signature: 

Printed Name: Thomas McWhorter Title: Chief Executive Officer

Signature: 

Printed Name: Daniel Brauser Title: Treasurer

Signature: 

Printed Name: Daniel Brauser Title: Secretary

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.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**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: Cousins Transport, Inc. \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address 1259 W Atlantic Blvd, Suite 124 _____ Pompano Beach, FL 33069 _____ United States _____	Mailing address, if different is: _____ _____ _____
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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV    SHARES**

The number of shares of stock is: 100 \_\_\_\_\_

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tommy McWhorter, Chief Executive Officer _____ Address: 1259 W Atlantic Blvd, Suite 124 _____ Pompano Beach, FL 33069 _____	Name and Title: Benjamin Brauser, Vice President _____ Address: 1259 W Atlantic Blvd, Suite 124 _____ Pompano Beach, FL 33069 _____
Name and Title: Matthew Brauser, President _____ Address: 1259 W Atlantic Blvd, Suite 124 _____ Pompano Beach, FL 33069 _____	Name and Title: Daniel Brauser, Treasurer _____ Address: 1259 W Atlantic Blvd, Suite 124 _____ Pompano Beach, FL 33069 _____
Name and Title: Daniel Brauser, Secretary _____ Address: 1259 W Atlantic Blvd, Suite 124 _____ Pompano Beach, FL 33069 _____	Name and Title: _____ _____ Address: _____ _____ _____

**ARTICLE VI REGISTERED AGENT**

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

Name: Benjamin Brauser  
Address: 1259 W Atlantic Blvd, Suite 124  
Pompano Beach, FL 33069

**ARTICLE VII INCORPORATOR**

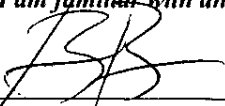
The **name and address** of the Incorporator is:

Name: Benjamin Brauser  
Address: 1259 W Atlantic Blvd, Suite 124  
Pompano Beach, FL 33069

16 APR -7 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

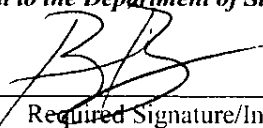
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

04/ /16  
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.*

  
Required Signature/Incorporator

04/ /16  
Date