## P17000018778

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	<del>(</del> #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doct	ıment Number)	
Certified Copies		of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

MAR 0 1 2017

T. SCOTT



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## COVER LETTER

10:	Division of Cor					
SHRI	ECT: CLASICO	ΓRUCK CORP				
50 <b>D</b> 0	LC1	Name of	Resulting Flor	ida Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert	an "Other Business
Please	return all corresp	oondence concerning this	s matter to:			
VLAE	DIMIR SAHADA					
	· · · · · · · · · · · · · · · · · · ·	Contact Person		<del></del>		
	<del></del>					
		Firm/Company				
19202	NW 42 CT					
		Address	· · · · · · · · · · · · · · · · · · ·	_		
MIAN	II GARDENS, FL	33055				
		City, State and Zip Code	e	<del></del>		
1STO	PTRUCKSERVICI	ES@GMAIL.COM				
I	E-mail address: (t	o be used for future annu	ual report notif	ication)		
For fu	rther information	concerning this matter,	please call:			
LEYD	IS HERNANDEZ		_at (	632-0	402	
	Name of Co	ontact Person	Area	Code and	l Daytime Telephone Numbe	er
Enclos	sed is a check for	the following amount:				
<b>3</b> \$10	95.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fi and Certified		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Divisi Clifton	ET ADDRESS: Filings Section on of Corporation in Building Executive Center			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

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:
CLASICO TRUCK LLC - LIDIDIN 399UU
Enter Name of Other Business Entity
2. The "Other Business Entity" is a CLASICO TRUCK CORP
(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)
02/21/2017 on
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 Incorporation</u> :  CLASICO TRUCK CORP
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 2/23/17  (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	. 20 17	
Requir	ed Signature f	for Florida Profit Corporati	on:	
Signatu Incorpo Printed	ure of Chairman orator: Name:	Vice Chairman, Director, O  MIR SAHADATitle: PRE	officer, or, if Directors or Officers have not be	en selected, an
		•	ss Entity: [See below for required signature	(s).]
	ıre:	<i>17</i>		_
Printed	Name: LADI	MIR SAHADA	Title: PRESIDENT	_
				_
Printed	Name:		Title:	_
Signatu	ıre:			-
Printed	Name:		Title:	_
Signatı	ıre:			<del></del>
Printed	Name:		Title:	<del></del>
Signati	ure:			_
Printed	Name:		Title:	<del></del>
Signatu	ure:			<del>_</del>
Printed	Name:		Title:	_
	ida General P ure of one Gene	artnership or Limited Liabi eral Partner.	lity Partnership:	
If Flor Signatu	ida Limited Paures of ALL Go	a <u>rtnership or Limited Liabil</u> eneral Partners.	lity Limited Partnership:	
<u>If Flor</u> Signatu	ida Limited Laure of a Membe	iability Company: er or Authorized Representativ	ve.	
All oth Signati	iers: ure of an author	rized person.		
Fees:	Certificate of Fees for Flori Certified Cop Certificate of	da Articles of Incorporation:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

ADTICIE II DDINCIDAI OFFICE		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address 19202 NW 42ND CT	Mailing address, if different is: 19202 NW 42ND CT	
MIAMI GARDENS, FL 33055	MIAMI GARDENS, FL 33055	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  ANY AND ALL LAWFUL BUSINESS		
		<del></del>
ARTICLE IV SHARES The number of characteristic 1000		<u>.</u>
The number of shares of stock is:		
		7
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title:  VLADIMIR SAHADA / PRESIDENT  Address:  MIAMI GARDENS, FL 33055  Name and Title:	Name and Title:  Address:  Name and Title:	7.
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title:  VLADIMIR SAHADA / PRESIDENT  19202 NW 42ND CT  MIAMI GARDENS, FL 33055	Name and Title:	1,
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title:  VLADIMIR SAHADA / PRESIDENT  19202 NW 42ND CT  MIAMI GARDENS, FL 33055  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:	1,

Name:	VL'ADIMIR SAHADA		
Address:	19202 NW 42ND CT		
riuuress.	MIAMI GARDENS, FL 33055		
<u>ARTICL</u>	E VII INCORPORATOR		
The <u>name</u>	e and address of the Incorporator is:		
Name:	VLADIMIR SAHADA		
Address:	19202 NW 42ND CT		
	MIAMI GARDENS, FL 33055		
******* Having b this certif	MIAMI GARDENS, FL 33055  *********************************	**************************************	designated i
******* Having b this certif	**************************************	s registered agent and agree to act in this capacity	designated i.
this certif	**************************************	es registered agent and agree to act in this capacity  2/23/2017  Date  are true. I am aware that any false information s	,
this certif	een named as registered agent to accept service of proficate, I am familiar with and accept the appointment Required Signature/Registered Agent	es registered agent and agree to act in this capacity  2/23/2017  Date  are true. I am aware that any false information s	,