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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

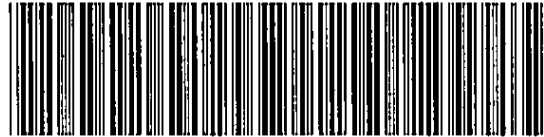
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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08/25/17--01013--002 \*\*105.00

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17 AUG 25 AM 9:19  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

T. BURCH  
AUG 28 2017

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** EXCEL AGENCY 903,LLC

\_\_\_\_\_  
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:

Velic, Zena

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

AccountingAtAllCost,Inc

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

3115 Spring Glen rd, Suite 504

\_\_\_\_\_  
Address

Jacksonville, Florida 32207

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

accounting@accountingatallcost.com

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

For further information concerning this matter, please call:

Velic, Zena

at ( 904 ) 566-7149

\_\_\_\_\_  
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    ☐ \$113.75 Filing Fees    ☐ \$122.50 Filing Fees,  
and Certificate of                      and Certified Copy                      Certified Copy, and  
Status    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 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:

Excel Agency 903 LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(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 05/08/2017

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:

NO

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

Trucks On Demand, Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 08/16/2017

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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.

FILED  
17 AUG 25 AM 9:19  
CLERK OF THE COURT  
JANICE L. BROWN  
CLERK OF THE COURT

Signed this 16<sup>th</sup> day of August, 20 17.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: BURRELL SHARON Title: PRESIDENT

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

Signature: [Signature]

Printed Name: BURRELL, SHARON Title: PRESIDENT

Signature: [Signature]

Printed Name: BURRELL, STEVEN Title: ~~PRESIDENT~~ Vice president

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.

**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: Trucks On Demand, Inc

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

3117 Spring Glen rd, Suite 405

Jacksonville, Florida 32207

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Changing the Limited Liability to INC

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: BURRELL, SHARON

Name and Title: PRESIDENT

Address: 3117 SPRING GLEN RD , STE 405  
JACKSONVILLE, FL 32207

Address:

Name and Title: BURRELL, STEVEN

Name and Title: VICE PRESIDENT

Address: 3117 SPRING GLEN RD, STE 405  
JACKSONVILLE, FL 32207

Address:

Name and Title:

Name and Title:

Address:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: BURRELL, SHARON  
Address: 3117 SPRING GLEN RD, SUITE 405  
JACKSONVILLE, FLORIDA 32207

**ARTICLE VII INCORPORATOR**

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

Name: AccountingAtAllCost, Inc  
Address: 3115 Spring Glen Rd, Suite 504  
Jacksonville, FL 32207

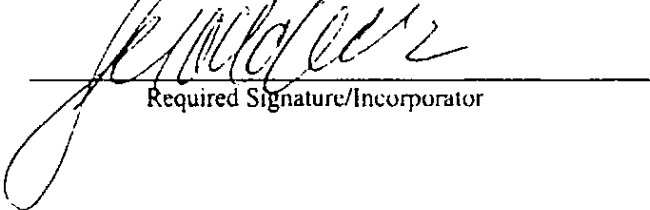
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.....  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

X   
Required Signature/Registered Agent

8/17/17  
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

8/17/2017  
Date