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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: A.M. Best Transportation, 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:

Brian K. Mathis  
Contact Person

Taylor & Associates  
Firm/Company

20 3rd Street SW, Suite 209  
Address

Winter Haven, FL 33880  
City, State and Zip Code

bmathis@taylorattorneys.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madison Bulman at (863) 875-6950  
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**

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:

A.M. Best Transportation, Inc.  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a corporation  
(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 North Carolina  
(Enter state, or if a non-U.S. entity, the name of the country)

on 5/13/2014  
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:

Florida

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

A.M. Best Transportation, Inc.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(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.

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17 OCT 23 AM 9:17  
TALLAHASSEE, FLORIDA

Signed this 10 day of October, 2017

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Wassim Nabhatel Title: President

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

Signature: [Signature]

Printed Name: Wassim Nabhatel Title: President

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 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)

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17 OCT 23 AM 9:17  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 681, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: A.M. Best Transportation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

114 West Guava St

Lady Lake, FL 32159

Mailing address, if different is:

114 West Guava St

Lady Lake, FL 32159

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

17 OCT 23 AM 9:17  
CLERK OF COURT  
JANUARY 10 1980

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Juan Konieczny Secretary

Address: 3901 SW 147th Ave

Miramar, FL 33027

Name and Title: Wassim Mouhaffel President

Address: 8426 NW 116 Ave

Doral, FL 33178

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Brian K. Mathis  
Address: 20 3rd Street SW, Suite 209  
Winter Haven, FL 33880

**ARTICLE VII INCORPORATOR**

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

Name: Wassim Mouhaffel  
Address: 8426 NW 116 Ave  
Doral, FL 33178

\*\*\*\*\*  
*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*

Brian K. Mathis  
Required Signature/Registered Agent

10-18-17  
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.*

Wassim Mouhaffel  
Required Signature/Incorporator

10-16-2017  
Date

17 OCT 23 AM 9:17  
STATE OF FLORIDA