# P18000027538

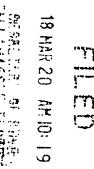
(F	Requestor's Name)	
( <i>F</i>	Address)	
(/	Address)	<del></del>
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
. (0	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

Office Use Only



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MAR 2 6 2018 T SCHROEDER

#### **COVER LETTER**

.

TO: Charter Section

Tallahassee, FL 32301

Division of Corpora	ations				
SUBJECT: M TRANSPORT	FATION .				
SOBJECT:	Name of	Resulting Florid	la Profit	Corporation	
The enclosed Certificate of Entity" into a "Florida Profi				ees are submitted to convert and 15, F.S.	"Other Business
Please return all correspond	lence concerning this	matter to:			
MIGUEL JADIS					
	Contact Person		<del></del>		
M TRANSPORTATION					
	Firm/Company				
3030 N. ROCKY POINT DR.	. STE				
	Address		_		
TAMPA, FL 33607					
City	, State and Zip Code	•	_		
-INFO@MIGUELJADIS.COM	И				
E-mail address: (to be	used for future annu	al report notific	cation)		
For further information con	cerning this matter, p	olease call:			
MIGUEL JADIS		407 at (	879-3	935	
Name of Contac	ct Person		Code and	Daytime Telephone Number	
Enclosed is a check for the	following amount:				
\$105.00 Filing Fees and Sta	d Certificate of	□\$113.75 Fili and Certified (		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circ	da.		New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

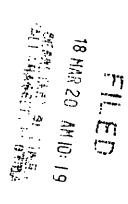
## Certificate of Conversion For "Other Business Entity" Into

### 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:
M TRANSPORTATION 11C LI3-120173
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
(Enter state, or if a non-U.S. entity, the name of the country)
08/25/2013 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:
<ol> <li>The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u></li> </ol>
M TRANSPORTATION, In C
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 Florid 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.

Page 1 of 2



Signed thisday of		
Required Signature for Florida Profit Corporatio		
Signature of Chairman, Vice Chairman, Director, Of Incorporator: X // // Printed Name: MIGUEL JADIS Title: CEO		een selected, an
Required Signature(s) on behalf of Other Busines	s Entity: [See below for required signature	e(s).]
Signature: Maguel filig		<del></del>
Signature: MIGUEL JADIS  Printed Name:	Title: MEMBER	-
Signature:		_
Printed Name:	Title:	_
Signature:		<del></del>
Printed Name:	Title:	
Signature:		_
Printed Name:	Title:	<del></del>
Signature:		
Printed Name:	Title:	<del></del>
Signature:		
Printed Name:	Title:	_
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	<b>:</b> .	
All others: Signature of an authorized person.		18 HA
Fees: Certificate of Conversion:	\$35.00	MAR 20
Fees for Florida Articles of Incorporation:	\$70.00	- TY

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

Certified Copy: Certificate of Status:

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

The name of the corporation shall be:	on, Inc
The name of the corporation shall be:	······································
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
3030 N. ROCKY POINT DR. STE 150A	
TAMPA, FL 33607	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
PROVIDING TRANSPORTATION PURPOSES	
	### <b>##</b>
	<u> </u>
	<u> </u>
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIR	RECTORS
MIGHEL TADIS / CEO	
Name and Title:	Name and Title:
Address: 3030 N. ROCKY POINT DR. STE 150A	Address:
TAMPA, FL 33607	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
A dilawara	Address:
Address:	Audiess.

ne	and Florida street address (P.O. Box NOT accept	able) of the registered agent is:		
	MIGUEL JADIS			
s:	3030 N. ROCKY POINT DR. STE 150A			
	TAMPA, FL 33607			
CLI	E VII INCORPORATOR			
me	and address of the Incorporator is:			
	MIGUEL JADIS			
s:	3030 N. ROCKY POINT DR. STE 150A			
	TAMPA, FL 33607			
***	********************************	********	<b>**</b> *	
	een named as registered agent to accept service of p cate, I am familiar with and accept the appointmen			ignat
				ignal
		t as registered agent and agree to		ignal
tifi fl it th	cate, I am familiar with and accept the appointmen  Required Signature/Registered Agent  his document and affirm that the facts stated herei	t as registered agent and agree to  3/9/2018  Date  a are true. I am aware that any f	act in this capacity  false information subn	
tifi fl it th	Required Signature/Registered Agent	t as registered agent and agree to  3/9/2018  Date  a are true. I am aware that any f	act in this capacity  false information subn	
tifi fl it th	Required Signature/Registered Agent his document and affirm that the facts stated hereit to the Department of State constitutes a third degree	t as registered agent and agree to  3/9/2018  Date  a are true. I am aware that any f	act in this capacity  false information subn	
tifi fl it th	cate, I am familiar with and accept the appointmen  Required Signature/Registered Agent  his document and affirm that the facts stated herei	t as registered agent and agree to  3/9/2018  Date  a are true. I am aware that any f e felony as provided for in s.817.1	act in this capacity  false information subn	
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