

P18000042145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

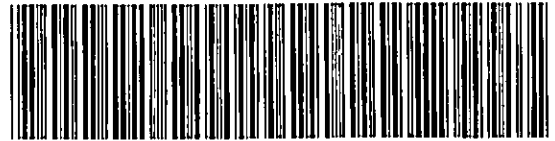
Special Instructions to Filing Officer:

Office Use Only

W18000025255

MAY 10 2019

F. SCOTT



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03/13/18--01014--022 **25.00

05/04/18--01031--001 **105.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY -9 PM 2:17

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2018

Cruz
OSVAL ~~ORTIZ~~
TRUCKING LIONS
8943 SW 152 PATH
MIAMI, FL 33196

SUBJECT: TRUCKING LIONS CORP
Ref. Number: W18000025255

We have received your document for TRUCKING LIONS CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Complete correct application and fee to file is \$105.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 618A00005236

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: TRUCKING LIONS CORP

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:

OSVAL CRUZ

Contact Person

TRUCKING LIONS CORP

Firm/Company

8943 SW 152nd PATH

Address

MIAMI, FL, 33196

City, State and Zip Code

osvalecp@hotmail.com

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

For further information concerning this matter, please call:

OSVAL CRUZ

at (305) 878 9057

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:

TRUCKING LIONS LLC -

L15000079739

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 MAY 6th 2015

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:

N/A

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

TRUCKING LIONS CORP.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: FEBRUARY 1st 2018

(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.

Signed this 20 day of APRIL, 2018.

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: OSVAL CRUZ Title: MANAGER

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

Signature: [Signature]
Printed Name: OSVAL CRUZ Title: MANAGER

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)

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: TRUCKING LIONS CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

8943 SW 152nd PATH

MIAMI, FL, 33196

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SUPPLY CHAIN SERVICES AND TO ENGAGE IN ANY LAWFULL ACTIVITY FOR WICH

CORPORATIONS MAY BE INCORPORATED IN THIS STATE.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSVAL CRUZ - MANAGER

Address: 8943 SW 152nd PATH

MIAMI, FL, 33196

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2018 MAY -9 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VI REGISTERED AGENT

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

Name: OSVAL CRUZ
Address: 8943 SW 152nd PATH
MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

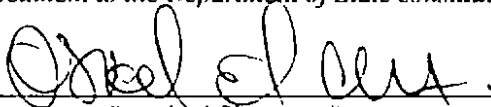
Name: OSVAL CRUZ
Address: 8943 SW 152nd PATH
MIAMI, FL, 33196

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

04/20/2018
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

04/20/2018
Date