# P18000061922

	(Requestor's Name)
6	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
. 4	(Business Entity Name)
	(Document Number)
Certified Cop	cies Certificates of Status
Special Ins	tructions to Filing Officer:
<del></del>	<del></del>

Office Use Only



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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

JUL 17 2018 T SCHROEDER

#### **COVER LETTER**

10:	Division of Co					
SUBJE	CT: KBT Transp	portation Inc				
		Name of	Resulting Florida	Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Other 15, F.S.	Business
Please r	eturn all corresp	ondence concerning this	s matter to:			
Brooke	Typer					
		Contact Person				
Entrepre	neur Success, Ind	c.				
		Firm/Company				
4204 E	Lake Chapin Roa	d				
		Address				
Berrien	Springs, MI 4910	03				
		City, State and Zip Code	e			
		_ brooke e		ج.رد	M	
E-	mail address: (t	o be used for future annu	ual report notificat	ion)		
For furt	her information	concerning this matter,	please call:			
Brooke	Typer		_at (	545-1	804	
	Name of Co	ontact Person	Area Co	de and	Daytime Telephone Number	
Enclose	d is a check for	the following amount:				
<b>□ \$</b> 105	.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	S113.75 Filing and Certified Co		☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
New Fil Division Clifton 2661 Ex	T ADDRESS: lings Section n of Corporation Building secutive Center ssee. FL 32301			New F Divisio P. O. B	ING ADDRESS: illings Section on of Corporations lox 6327 assee, FL 32314	

## Certificate of Conversion

For

### "Other Business Entity"

hito

#### 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.

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:
KBT Transportation LLC L17-230486
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Company  Limited Liability Company  Limited Liability company  Limited Partnership
(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
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> KBT Transportation Inc.  Enter Name of Florida Profit Corporation
Effet Name of Fibrida From Corporation
5. If not effective on the date of siling, 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.
Page 1 of 2  Page 1 of 2  Page 1 of 2  Page 1 of 2

,	Signed thisday of	, 20	
	Required Signature for Fooda Profit Corporati		
×	Signature of Chairman Aire Chairman, Division, C	ffice, or, if Directors of Officers have r	not been selected, an
	Printed Name: Kirkaldy B. Br. wn Tirle: Pro-		433
	Required Signature(s) in behalf of Other Busine		attire(s).j
X	Signature.		<del></del>
	Printed Name: Kirkaldy B. Brown	Tide:	··
	Signature:		
	Printed Name:	Title:	<del></del>
	Signature:		
	Printed Name:	Title:	
	Signature:		
	Printed Name:	Title:	
	Signatute:		
	Printed Name:	Title:	
	Signature:		. <del></del> _
	Printed Name:	Title:	
	df Florida General Partnership or Limited Liab	ility Partnership:	
	Signature of one General Partner.		
	if Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	ility Limited Partnership:	
	If Florida Limited Liability Company: Signature of a Member or Authorized Representat	ive.	
	All others:   Signature of an authorized person.		
	Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	18 JUL 16 SEURE JAKY ALLAHASSE
		Page 2 of 2	ILED 16 AMB: 41 AY OF STATE SEEL FLORIDA

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

The name of the corporation shall be: KBT Transportation	ı İnc.	
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address 12117 Streambed Drive	Mailing add	dress, if different is:
Riverview FL 33579-9301		
	<del></del>	
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
Delivery Services		
<b>§</b>		
	4	<u> </u>
ARTICLE IV SHARES The number of shares of stock is:		JUL 16
ARTICLE V INITIAL OFFICERS AND/OR I		
Name and Title: Kirkaldy B. Brown - President	Name and Title:	·-···
Address: 12117 Streambed Drive		
Riverview, FL 33579-9301		
Name and Title:	Name and Title:	
Address:	Address:	
Name and Fitle:	Name and Title:	
Address:	Address:	

Jame:	Kirkaldy B. Brown	
 Address:	12117 Streambed Drive	•
	Riverview, FL 33579-9301	
RTICL		
he <u>nama</u>	e and address of the Incorporator is:	
Vame:	Kirkaldy B. Brown	·
Address:	. 12117 Streambed Drive	
	Riverview, FL 33579-9301	
	:*************************************	:;*****
Having b	een named as registered gene to accept service of plicate, I am familiar with and occept the appointmen	rocess for the above stated corporation of the place design as registered agent and agree to act in this capacity
Having b	een named as registered gene to accept service of plicate, I am familiar with and occept the appointment	rocess for the above stated corporation at the place design as registered agent and agree to act in this capacity  06/19/2018  Date
his certij	Required Signature/Registered Agent	t as registered agent and agree to act in this capacity  06/19/2018  Date  n are true. I am aware that any false information subm
his certij	Required Signature/Registered Agent  this document and affirm there he facts stated herei	t as registered agent and agree to act in this capacity  06/19/2018  Date  n are true. I am aware that any false information subm

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18 JUL 16 AH ID: 41

SECRETARY OF STATE TALL AHASSEE, FLORIDA