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115 N CALHOUN ST., STE. 4. TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 9/14/2018	Account#. 12000000000
Name: Merritt Walker	
Reference #: N459671	
Entity Name: PINE STATE CARRIERS, INC.	_
✓ Articles of Incorporation/Authorization to Transact Busine	ss
Amendment	
Change of Agent	
Reinstatement	
✓ Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
• · · · • • • • • • • • • • • • • • • •	
Authorized Amount: \$105 Signature: \uw	

⊕ CORPORATE HQ

COGENCY GLOBALING. 10 E 40' ST, 10 "FL NY, NY 10016 800.221.0102 +1.212.947.7200

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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: PINE STATE CARRIERS, 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
(Enter state, or if a non-U.S. entity, the name of the country)
JANUARY 8, 2013 on
Enter date "Other Business Entity" was first organized, formed or incorporated
 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: PINE STATE CARRIERS, 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 isted as the document's effective date on the Department of State's records.

Page 1 of 2

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Signe	ed this 30 day of _	AUGUST	, 20 18		
Requ	ired Signature for Florida	Profit Corporation	<u>n:</u>		
Signa Incor Printe	ture of Chairman Vice Cha porator: Successful Sange State Sange State Sange State Sange State Sange State St	igman, Director, Off	ficer, or, if Directors or Officers have not been DENT	en selected, an	
		<i>,</i>	Entity: [See below for required signature(
Signa	ture: Bura of	ayens		-	
Printe	d Name: BRUCE SARGENT		Title: PRESIDENT	-	
			 	-	
Printe	d Name:		Title:	,	
Signa	ture:			-	
Printe	d Name:		Title:		
Signat	ure:				
Printe	d Name:		Title:		
Signat	ure:			ı	
Printe	i Name:		Title:		
Signat	ure:				
Printe	i Name:		Title:		
	rida General Partnership o ure of one General Partner.	r Limited Liability	Partnership:	SIC 3	1
	ida Limited Partnership o ures of <u>ALL</u> General Partner		Limited Partnership:	ALL TANKS	<u> </u>
	ida Limited Liability Com are of a Member or Authoriz			Tong.	,
All oth Signan	ners: are of an authorized person.			\$ 22 SIAPE ORIDA	
Fees:	Certificate of Conversion: Fees for Florida Articles of Certified Copy: Certificate of Status:	Incorporation:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	•	

Page 2 of 2

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

ARTICLE The name of	E I NAME of the corporation shall be: PINE STATE CAR	RIERS, INC.	
ARTICLE			
The princip	al place of business/mailing address is:		
	Principal street address	Mailing address, if different is:	
804 KILGO	RE ROAD	-	
PLANT CIT	Y, FL 33567		
The purpose	III PURPOSE e for which the corporation is organized is: G SERVICES		
			—— Es a
			<u> </u>
ADTICLE	IV SHARES 100 000		1444 1445 1438
	of shares of stock is:		152 152 153 153 153 153 153 153 153 153 153 153
ARTICLE	V INITIAL OFFICERS AND OR DIRE	YCTYOPS	
	BRUCE SARGENT	<u> </u>	三 三
Name and Ti	itle:Director, President, Treasurer & Secretary	Name and Title:	FLOS 2
Address:	804 KILGORE ROAD	Address:	D# 2
	PLANT CITY, FL 33567		
Name and Ti	itle:	Name and Title:	
Address:		Address:	
Vame and Ti	tle:	Name and Title:	
Address:		Address:	

ARTIC	LE VI REGISTERED AGENT		
The <u>nam</u>	e and Florida street address (P.O. Box NOT	ceptable) of the registered agent is:	
Name:	DARLENE LOTT		
Addr e ss:	804 KILGORE ROAD		
	PLANT CITY, FL 33567		
ARTICI			
The name	e and address of the Incorporator is:		
Name:	BRUCE SARGENT		
Address:	804 KILGORE ROAD		
	PLANT CITY, FL 33567		
submit th	Required Signature/Registered Agein DAF	NELOTT Date rein are true. I am aware that any false is	information submitted in a
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			<u>⊟</u> ≝ 76

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ILL AHASSEE, FLORIDA