

P1800078530

(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:

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18 SEP 17 PM 6:55
FALLS CHURCH, VA

COVER LETTER

TO: Charter Section
Division of Corporations

TEVDON TRUCKING INC

SUBJECT: _____
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:

CHRISTOPHER O REID

Contact Person

TEVDON TRUCKING INC

Firm/Company

5324 HOTLAND DRIVE

Address

APOPKA, FLORIDA 32712

City, State and Zip Code

termishabou1721@gmail.com

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

tevdontruckinginc@gmail.com

For further information concerning this matter, please call:

CHRISTOPHER O REID

at (

407

371-1447

407-978-0380

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

RECEIVED
TALLAHASSEE
18 SEP 17 PM 6:35

L1700173257

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:

TEVDON TRUCKING LLC

Enter Name of Other Business Entity

LIMITED LIABILITY COMPANY

2. The "Other Business Entity" is a _____
(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)

AUGUST 14, 2017

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:

N/A

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

TEVDON TRUCKING 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.

9/14/17
10 SEP 17 PM 6:35
SECRET
TALLAHASSEE, FL


Signed this 26th day of JULY, 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: 

Printed Name: CHRISTOPHER O REID Title: PRESIDENT

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

Signature: 

Printed Name: CHRISTOPHER O REID Title: PRESIDENT

Signature: 

Printed Name: TERMISHA JACKIE REID Title: VICE-PRESIDENT

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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TALLAHASSEE

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: TEVDON TRUCKING INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

5324 HOLT LAND DRIVE

APOPKA, FLORIDA 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL FREIGHT TRUCKING BOTH LOCAL AND LONG DISTANCE

ARTICLE IV SHARES

The number of shares of stock is: 7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER O REID - PRESIDENT

Name and Title: TERMISHA JACKIE REID - VP

Address: 5324 HOLT LAND DRIVE
APOPKA, FLORIDA 32712

Address: 5324 HOLT LAND DRIVE
APOPKA, FLORIDA 32712

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY
ATTEST

ARTICLE VI REGISTERED AGENT

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


Name: CHRISTOPHER O REID
Address: 5324 HOLTLAND DRIVE
APOPKA, FLORIDA 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTOPHER O REID
Address: 5324 HOLTLAND DRIVE
APOPKA, FLORIDA 32712


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

7-26-18
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

7-26-18
Date

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SECRETARY
TALLAHASSEE
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