(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	<u>-</u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

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TO:

Charter Section

Division of Co	rporations				
SUBJECT: ATHENA	TRUCKING BY YP INC				
Sobject	Name of	Resulting Florid	đa Profit	Corporation	_
	te of Conversion, Article Profit Corporation" in ac			ees are submitted to conv	ert an "Other Business
Please return all corres	pondence concerning thi	s matter to:			
YONIEL PEREZ AREN	CIBIA				,
	Contact Person				••
ATHENA TRUCKING	BY YP INC				TALLER TI
	Firm/Company		_		FIL.
11925 COLLIER BLVD	SUITE 102				MITO
	Address				200 -
NAPLES FLORIDA 341	16				7
	City, State and Zip Cod	e	_		
YONIEL PEREZ AREN	CIBIA				
E-mail address: (t	o be used for future annu	ual report notific	ation)		
For further information	concerning this matter,	please call:			
YONIEL PEREZ AREN	CIBIA	786 at (327-1	048	
Name of Co	ontact Person		Code and	d Daytime Telephone Nu	_ mber
Enclosed is a check for	the following amount:				
■ \$105.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified C		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle		New F Division P. O. E	ING ADDRESS: filings Section on of Corporations Box 6327 assee, 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 CATHENA TRUCKING	Conversion is:
Enter Name of Other Business Entity	·
2. The "Other Business Entity" is aLIMITED LIABILITY COMPANY	
(Enter entity type. Example: limited liability company, limited partnersh general partnership, common law or business trust, etc.)	- ip,
first organized, formed or incorporated under the laws of LOUISVILLE, KENTUCKY (Enter state, or if a non-U.S. entity, the name of the country)	_
01/15/2016 on	
Enter date "Other Business Entity" was first organized, formed or incorpora	ated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the leorganized, formed or incorporated:	aws of which it is now
FLORIDA	
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorpora ATHENA TRUCKING BY YP, INC	<u>tion:</u> _·
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 Department of State.]	is filed by the Florida
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, listed as the document's effective date on the Department of State's records.	this date will not be
Page 1 of 2	FILE DEC 26 PM CRETARY OF AHASSEF. FI
	TO THE TOTAL THE

Signed this $\frac{03}{}$	day of	, 20	
	nature for Florida Profit Corpor		
Signature of C Incorporator: \(\sum_{\text{Printed Name}} \)	hairman, Vice Chairman, Director YONIEL PEREZ ARENCIBIA Yoniel Perez Arencibia Title: I	Officer, or, if Directors or Officers	s have not been selected, an
Required Sign	nature(s) on behalf of Other Bus	iness Entity: [See below for requir	ed signature(s).]
Signature:	<i>Y</i>		-
,	,	Title: PRESIDENT	
Signature:			
Printed Name:		Title:	
Signature:			_
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
	neral Partnership or Limited Lia ne General Partner.	bility Partnership:	
If Florida Lim Signatures of <u>A</u>	nited Partnership or Limited Lia ALL General Partners.	bility Limited Partnership:	
	nited Liability Company: Member or Authorized Representa	itive.	•
All others: Signature of an	authorized person.		18 DEI SECRE TALLAH,

Page 2 of 2

\$35.00

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Fees:

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Incorporation:

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

ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 322 SW 26TH PL	Mailing address, if different is:
CAPE CORAL, FL 33991	11925 COLLIER BLVD SUITE 102
	NAPLES FL 34116
ARTICLE III PURPOSE The purpose for which the corporation is organized is: TRANSPORTATION	
	···
	SE SE
	DECRE AH
	(SA) 6
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS
Name and Title: YONIEL PEREZ ARENCIA President	Name and Title:
Address: 2584 MANTIN AVE	Address:
LOUSVILLE KY 40216	<u></u>
Name and Title:	Name and Title:
Address:	
lame and Title:	
.ddress:	Address:

	e and Florida street address (P.O. Box NOT accept	ble) of the registered agent is:	
Name:	YONIEL PEREZ ARENCIBIA		
Address:	322 SW 26TH PL		
	CAPE CORAL, FL 33991		
ARTICL	E VII INCORPORATOR		
The name	e and address of the Incorporator is:		
Name:	YONIEL PEREZ ARENCIBIA		
Address:	322 SW 26TH PL		
	CAPE CORAL FL 33901		
******	**************	************	
******* Having be this certif		ocess for the above stated corporation at the place designa	nted in
******** Having bo this certif	een named as registered agent to accept service of p	ocess for the above stated corporation at the place designa	nted in
******** Having be this certife	een named as registered agent to accept service of p	ocess for the above stated corporation at the place designa as registered agent and agree to act in this capacity	ited in
this certifi	een named as registered agent to accept service of plicate, I am familiar with and accept the appointment Required Signature/Registered Agent	ocess for the above stated corporation at the place designate as registered agent and agree to act in this capacity 12/03/2018 Date are true. I am aware that any false information submitte	
this certifi	een named as registered agent to accept service of plicate, I am familiar with and accept the appointment Required Signature/Registered Agent this document and affirm that the facts stated herein	ocess for the above stated corporation at the place designate as registered agent and agree to act in this capacity 12/03/2018 Date are true. I am aware that any false information submitte	

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