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(Re	equestor's Name)	
(Address)		
(Ád	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
www	form	

Office Use Only



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SECRETARY OF STATE

APR 1 0 2019 K Brumbley

COVER LETTER

Charter Section

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Division of Cor	porations		<u> </u>		
SUBJECT:	Benaver	Resulting Florida Prof	stics	Inc	
	e of Conversion. Articles Profit Corporation" in ac	of Incorporation, and	I fees are submitt		Other Business
Please return all corresp	ondence concerning this	matter to:			
Eiling	Contact Person	enle			
	Firm/Company				
11203	Artes Dr Address				
Orla:	ndo FZ 3 City, State and Zip Code	2837			
E-mail address: (to	bena e Ho	of mail. Co 1 al report notification)	. در		
	concerning this matter, p				
Enling I Name of Co	Benciuente ontaci Person	at (<u>BD5</u>) Area Code a	163 - 50 ⁰ ind Daytime Tele	92 ephone Number	
Enclosed is a check for	the following amount:				
\$105.00 Filing Fees \$80,000	☐\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fee and Certified Copy	es	py, and	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building	ıs	New Divi	ILING ADDRE Filings Section sion of Corporat 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:
Benavente Logistics UC #L18-126132 Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Lipsited 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 Floride. (Enter state, or if a non-U.S. entity, the name of the country)
on June 01 2018 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 attached Articles of Incorporation:
Benavente Logistics Inc Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 02-07-2019 (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

Page 1 of 2

listed as the document's effective date on the Department of State's records.

FILED
2019 APR -9 AH 5: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name of the corporation shall be:	ente logistics inc	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
11203 Aries Dr		
Orlando TI 32837		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
" Any and all Lawfol	hue nesa 11	
ARTICLE IV SHARES The number of shares of stock is: 100		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
Name and Title: Eiling I Benavente	Name and Title:	
Address: Tracident Address:	Address:	
Orlando FL 32837		
Name and Title:	Name and Title:	
Address:	Address:	
Name and Title:	Name and Title:	
Address:	Address:	

Signed this 03 day of April	19
Required Signature for Florida Profit Corporation	
	cer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Signature:	
Printed Name: EILING BENAVENTE	Title: Hancejet
Signature:	
Printed Name:	
Signature:	
Printed Name:	
Signature:	
Printed Name:	
Signature:	
Printed Name:	
Signature:	
Printed Name:	
If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	
f Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
<u>All others:</u> Signature of an authorized person.	
Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

<u>ARTICL</u>	E VI REGISTERED AGENT	
	and Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	Eiling I Benovente	
Address:	11203 Aries Dr	
	Orlando FL 32837	
ARTICL	E VII INCORPORATOR	
	and address of the Incorporator is:	
Name:	Eiling I Benavente	
Address:	11203 Aries Dr	
	Eiling I Benavente 11203 Aries Dr Orlando FI 32837	
	**************************************	**************************************
	le e l'ins	04/03/2019
	Required Signature/Registered Agent	Date
	to the Department of State constitutes a third degree for	re true. I am aware that any false information submitted in a clony as provided for in s.817.155, F.S.
	Eg (try)	04/03/2019
	Required Signature/Incorporator	Date