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Office Use Only



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J. FASON

COVER LETTER

| 'TO: | Charter Section Division of Cor | rporations | | | |
|------------------|---|---|--|--|------|
| SUBJ | | Andrews - | Tricking Co Resulting Florida Profit | | |
| 0000 | <u></u> | Name of | Resulting Florida Profit | Corporation | |
| The er Entity | nclosed Certificat " into a "Florida ! | e of Conversion, Article Profit Corporation" in ac | s of Incorporation, and fe cordance with s. 607.111 | ees are submitted to convert an "Other Busine 15, F.S. | ess. |
| Please | return all corresp | oondence concerning this | s matter to: | | |
| | Dwigh | Contact Person | <u> </u> | | |
| | | Contact Person Will Firm/Company | | | |
| | PO | BOX 3/7 | '2 | | |
| | OK® | City. State and Lip Cod | 1 34973 e | | |
| | Andrew Struck E-mail address: (t | KINCO INC IE 60 o be used for future annu | mail· COM ual report notification) | | |
| For fu | rther information | concerning this matter, | please call: | | |
| <u>}</u> | Name of Co | South Le contact Person | at (<u>863</u>) 44 Area Code and | 47-3/00 I Daytime Telephone Number | |
| Enclo | sed is a check for | the following amount: | | | |
| \$ \$10 | 05.00 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 | |
| New I | ET ADDRESS: Filings Section on of Corporation | าร | New F | ING ADDRESS: ilings Section on of Corporations | |

P. O. Box 6327

Tallahassee, FL 32314

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: |
|--|
| Andrews Truckon Co -Enter Name of Other Business Entity |
| — Enter Name of Other Business Entity |
| |
| 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 <u>Connecticut</u> |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on Feb 6 1990 Enter date "Other Business Entity" was first organized, formed or incorporated |
| 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> Solve 13 1994 Marcus Trucking Co. 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. |
| Page 1 of 2 |

| Signed this 9 | _day ofApri | . 20 1 9 | | | | | |
|--|--|--|----------------|--|--|--|--|
| Required Signature for Florida Profit Corporation: | | | | | | | |
| | | Officer, or, if Directors or Officers have not be | | | | | |
| Required Signature(s) | on behalf of Other Busin | ess Entity: [See below for required signature | e(s). | | | | |
| Signature: Wolf Coming | | | | | | | |
| Printed Name: Dwight Down e Title: Fresident | | | | | | | |
| Signature: | | | | | | | |
| Printed Name: | | Title: | _ | | | | |
| Signature: | . | | | | | | |
| Printed Name: | | Title: | | | | | |
| Signature: | | | | | | | |
| Printed Name: | | Title: | _ _ | | | | |
| Signature: | | | | | | | |
| Printed Name: | | Title: | _ | | | | |
| Signature: | | | _ | | | | |
| Printed Name: | | Title: | _ | | | | |
| If Florida General Pa Signature of one Gener | rtnership or Limited Liab al Partner. | pility Partnership: | | | | | |
| If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. | | | | | | | |
| If Florida Limited Lia Signature of a Member | ability Company: or Authorized Representati | ive. | | | | | |
| All others: Signature of an authori | zed person. | | | | | | |
| Fees: Certificate of C Fees for Florid Certified Copy Certificate of S | a Articles of Incorporation: | \$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) | | | | | |

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

| The name of the corporation shall be: | is Tricking co inc |
|---|-----------------------------------|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | |
| Principal street address | Mailing address, if different is: |
| 8446 NE 12 Cane OKeedobee, F(34973 | PO Box 3172 OKarchober F/3497 |
| OKeedobee, F1 34973 | Okachober 7/3497 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| | |
| | |
| | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| ARTICLE V INITIAL OFFICERS AND/OR DIR | |
| Name and Title: | |
| Address: | Address: |
| Name and Title: | |
| Address: | |
| Name and Title: | |
| Address: | Address: |

| ARTIČL | E VI REGISTERED AGENT | |
|---------------------------|---|--|
| | and Florida street address (P.O. Box NOT acceptable) | of the registered agent is: |
| Name: | Dwight Downie | |
| Address: | 8446 NE 12 Jane | |
| | Okeschobes, Fl 34973 | |
| ARTICL | | |
| The <u>name</u> | and address of the Incorporator is: | |
| Name: | Durget Downie | |
| Address: | 8446 NE 12 lane | |
| | Okas dobos, F/ 34973 | |
| | | |
| ******* | *********** | ************************************** |
| Having be this certifi | en named as registered agent to accept service of proce cate, I am familiar with and accept the appointment as | ss for the above stated corporation at the place designated in registered agent and agree to act in this capacity |
| 0 | 120116 | |
| | Required Signature/Registered Agent | Date |
| I submit ti | () his document and affirm that the facts stated herein are | e true. I am aware that any false information submitted in a |
| document | to the Department of State constitutes a third degree fel | ony as provided for in s.817.155, F.S. |
| (/ | | |
| | Required Signature/Incorporator | Date |
| | regarded organical meorporation | |