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PICK-UP	☐ WAIT	MAIL
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## Page, Keyna

From:

MIS Equipment Trucking, LLC <misequip@gmail.com>

Sent:

Thursday, June 27, 2019 9:57 PM

To:

Page, Keyna

Subject:

Request for Overpayment

## EMAIL RECEIVED FROM EXTERNAL SOURCE

Please send overpayment to

MIS Equipment Trucking 8419 Forest Hills Dr. #306 Coral Springs, FL 33065

Sincerely,

Minel Acevedo, President MIS Equipment Trucking, LLC (305) 766-6841 misequip@gmail.com

(This communication contains information from the sender that may be confidential. Except for personal use by the intended recipient, or as expressly authorized by the sender, any person who receives this information is prohibited from disclosing, copying, distributing and/or using it. If you have received this communication in error, please delete it and all copies immediately and notify the sender promptly. Nothing in this communication is intended to operate as an electronic signature under applicable law. Any unauthorized dissemination, distribution or copying of this communication is strictly prohibited.)

TO:	Charter Se Division of	Corporations			VER LET	TER
SUBJE	CT: MIS EQ	UIPMENT TRUCKING C	∩au	<b>1</b>		
		Name	of R	centino	Florida D	ofit Corporation
The encl Entity" in	osed Certific nto a "Florid	cate of Conversion, Artic a Profit Corporation" in a	les c	of Incorp	oration, and	ofit Corporation  I fees are submitted to convert an "Other Business  I 115, F.S.
Please ret	turn all corre	spondence concerning th	is m	atter to:	vith s. 607	1115, F.S.
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		Contact Person				
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		Address		_ <del>-</del>		
CORALSI	PRINGS, FL,					
		City, State and Zip Cod	c		······································	
	@GMAIL.C					
		to be used for future ann			tification)	
		concerning this matter,				
MINEL AC			_at	305	766-0	· · · ·
	Name of C	ontact Person		Aı	rea Code an	d Daytime Telephone Number
Enclosed i	s a check for	the following amount:				
<b>用</b> \$105.00	Filing Fees	□\$113.75 Filing Fees and Certificate of Status			Filing Fees ed Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New Filing Division o Clifton Bu 2661 Exec	f Corporation				New 1 Divisi P. O.	LING ADDRESS: Filings Section ion of Corporations Box 6327 iassee, FL 32314

# Certificate of Conversion For Gother 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" innucliately prior to the filing of this Certificate of Conversion is:
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LLC (L14000190385)
(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
first organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)  DECEMBER 15, 2014
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> : MIS EQUIPMENT TRUCKING, CORP
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 thisday ofMAY  Required Signature for Florida Profit Corner		
Required Signature for Florida Profit Corporation	20 19	
Signature of Chairman Vice Chairman, Director, Of Incorporator:  Printed Name: MINEL ACEVEDO Title: PRES		en selected, an
Required Signature(s) on behalf of Other Business	The state of the s	
Signature:	SERVITY: See below for required signature(s	).]
Printed Name: MINEL ACEVEDO	Title: PRESIDENT	
Signature:	inte:	
Printed Name:	Title	
Signature:	, A. M. C	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:		
Signature:		
Printed Name:		
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	orvisie 19 Ju Sevat TALLAH
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		W 18 1 W 18 1 ASSEE,
All others: Signature of an authorized person.		or Arie
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	<b></b>

Page 2 of 2

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

ARTICLE II PRINCIPAL OFFICE	
he principal place of business/mailing address is:	
Principal street address	Mailling
119 FOREST <b>#</b> LLS DRIVE #306	Mailing address, if different is:
ORAL SPRINGS, FL, 33065	SAME
OTION IN THE	
e purpose for which the corporation is organized is	
The Care of the state of the st	:
The perpose OF	the corporation is to
engager in any 16	witch francy Forcements
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TICLE IV. SHARES Enumber of shares of stock is CO  TICLE V INITIAL OFFICERS AND/OR D  me and Title:  MINEL ACEVEDS (P,VP)  dress:  CORAL SPRINGS, FL, 33065	Name and Title:  Address:  Address:
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TICLE IV. SHARES number of shares of stock is \Community  TICLE V INITIAL OFFICERS AND/OR D  me and Title:  MINEL ACEVEDS (P,VP)  8419 FOREST HILLS DRIVE, #306  CORAL SPRINGS, FL, 33065  me and Title:  ress:	Name and Title:  Name and Title:  Address:  Name and Title:  Address:

ARTIC The na	CLE VI REGISTERED AGENT	
Name:	me and Florida street address (P.O. Box ) MINEL ACEVEDO	NOT acceptable) of the registered agent is:
Address:	Otto -	<u></u>
	CORAL SPRINGS, FL, 33065	<del></del>
ARTICL The name	E VII INCORPORATOR and address of the incorporator is: MINEL ACEVEDO	_
Address:	8419 FOREST HILLS DRIVE, #306	
	CORAL SPRINGS, FL, 33065	
********* Having be this certific	en named as registered agent to accept ser cate I am familiar with and accept the app Required Signature/Registered Agent	**************************************
I submit the	nis document and affirm that the facts state to the Department of State constitutes a the Required Signature/Incorporator	ted herein are true. I am aware that any fulse information submitted in a ird degree felony as provided for in s.817.155, F.S.  5 20 (C) Date

JIVISION OF CORPORATION:

19 JUN 18 PM 2: 16

PLUME LAW OF STATE

TALLAHASSEE, FLORIDA