P 19000063521

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only

NUG 1 & 2019



100332663381

08/02/19--01012--016 **122.50

1019 1/15 -2 PH 12: 21

COVER LETTER

TO:	Charter Section Division of Co			•			
SUBJ	SUN ISLA	ND TRANSPORT, INC.					
SUBJ	r.CT:		Resulting	g Florida P	Profit	Corporation	
		te of Conversion, Article Profit Corporation" in a				fees are submitted to convert an "Other But 15, F.S.	siness
Please	e return all corres	pondence concerning thi	is matter t	0:			
MEDI	ELICIA ALMODO	OVAR					
		Contact Person					
SUNI	SLAND TRANSP	ORT, LLC					
		Firm/Company					
524 M	IID FLORIDA DR	IVE SUITE 201					
		Address					
ORLA	NDO, FL 32824						
		City, State and Zip Cod	c				
LIZA(@PRPACKERS.C	ОМ					
	E-mail address: (to be used for future ann	ual report	notificatio	on)		
For fu	rther information	concerning this matter,	please cal	11:			
MEDE	ELICIA ALMODO	VAR	787)6	542-81	348	
	Name of C	ontact Person		Area Cod	e and	d Daytime Telephone Number	
Enclo	sed is a check for	the following amount:					
5 10	05.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status		75 Filing F tified Copy		S122.50 Filing Fees, Certified Copy, and Certificate of Status	
	ET ADDRESS: Filings Section					ING ADDRESS:	
Divisi	on of Corporation	ns		Di	ivisic	on of Corporations	
	n Building Executive Center	Circle				30x 6327	

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: SUN ISLAND TRANSPORT, LLC L\S\D\O\D\D\D\D\D\D\D\D\D\D\D\D\D\D\D\D\D
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
STATE OF FLORIDA
first organized, formed or incorporated under the laws of STATE OF FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
07/13/2015 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:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :
SUN ISLAND TRANSPORT, 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 Florid: 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.

Signec	this 315t day of July	, 20	
<u>Requi</u>	red Signature for Florida Profit Corporation:		
Signat Incorp Printed	ure of Chairman, Vice Chairman, Director, Offic orator: X Medulicia (March & 1) I Name: Medelicia Helevay Title: Wes	eer, or, if Directors or Officers have not bee	n selected, an
<u>Requi</u>	red Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
	ure: XM palitick Ulmodovic		
Printed	I Name: MEDECICIA ALMODOVAR	Title: AR	
Signat	ure:		
Printed	l Name:	Title:	
Signat	ure:		
Printed	l Name:	Title:	
Signat	ure:		
Printed	I Name:	Title:	
Signat	ure:		
Printed	l Name:	Title:	
Signat	ure:		
Printed	l Name:	Title:	
	rida General Partnership or Limited Liability ure of one General Partner.	Partnership:	
<u>If Flor</u> Signati	rida Limited Partnership or Limited Liability ures of ALL General Partners.	Limited Partnership:	
lf Flor Signati	rida Limited Liability Company: ure of a Member or Authorized Representative.		
All oth Signate	ners: ure of an authorized person.		
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)	

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

ARTICLE I NAME SUN ISLAND TRANSI	PORT INC
The name of the corporation shall be:	VALUE OF THE STATE
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 524 MID FLORIDA DRIVE SUITE 201	Mailing address, if different is:
	
ORLANDO, FL 32824	
	- -
The purpose for which the corporation is organized is:	
Corporate purpose is 'Any and all lawful business'.	
Corporate purpose is Arry and an lawful business.	
- 	
ARTICLE IV SHARES	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CCTORS ==
MEDELICIA AL MODOVAR, PRESIDENT	
Name and Title:	Name and Title:
Address: 524 MID FLORIDA DRIVE SUITE 201	Address:
ORLANDO, FL 32824	
Name and Title:	Name and Title:
Address:	Address:
	· - · · - · ·
Name and Title:	Name and Title:
Address:	Address:

	E VI REGISTERED AGENT	
The <u>name</u>	and Florida street address (P.O. Box NO	eceptable) of the registered agent is:
Name:	MEDELICIA ALMODOVAR	
'Address:	524 MID FLORIDA DRIVE SUITE 201	
	ORLANDO, FL 32824	
ARTICL		
The <u>name</u>	and address of the Incorporator is:	
Name:	MEDELICIA ALMODOVAR	
Address:	524 MID FLORIDA DRIVE SUITE 201	
	ORLANDO, FL 32824	

XM	jedilieva Olmadivar	- 1 31 15 x
	Required Signature/Registered Agent	Date
		herein are true. I am aware that any false information submitted in a degree felony as provided for in s.817.155, F.S.
W.	Required Signature/Incorporator	X 7 31/19 Date