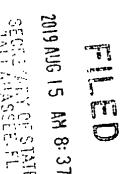
# 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ent)/exercisely/ mone //
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:





08/10/19--010 M--000 (\*\*227.7)



#### **COVER LETTER**

то:	Charter Section Division of Con					
CITOI	ECT: ARM LOGI	STICS TRADING INC				
SUBJ	EC1:	Name of	Resulting F	lorida Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an ' 15, F.S.	Other Business
Please	ereturn all corresp	oondence concerning this	s matter to:			
NATA	ALIA MEDEIROS					
		Contact Person	<u></u>			
CSG -	CAPITAL SERVI	CES GROUP INC				
		Firm/Company				
446 W	/ HILLSBORO BL	VD				
		Address		<del></del>		
DEER	FIELD BEACH, F	L 33441				
		City. State and Zip Cod	2	<del></del>		
NATA	VLIA@THEWAYC	GROUP.BIZ				
	E-mail address: (t	o be used for future anni	ual report no	tification)		
For fu	irther information	concerning this matter,	please call:			
NATA	MJA MEDEIROS		954 at (	427-4	770	
	Name of Co	ontact Person		rea Code and	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 and Certifi	Filing Fees ed Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto	CET ADDRESS: Filings Section on of Corporation in Building Executive Center			New F Divisio P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301



Letter Number: 319A00012515

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2019

NATALIA MEDEIROS 446 W HILLSBORO BLVD DEERFIELD BEACH, FL 33441

SUBJECT: ARM LOGISTICS TRADING INC

Ref. Number: W19000058575

We have received your document for ARM LOGISTICS TRADING INC and your check(s) totaling \$227.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

### 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.

F. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  ARM LOGISTICS TRADING LLC
Enter Name of Other Business Entity
2. The "Other Rusiness Ligity" is a
2. The "Other Business Entity" is a
first organized. Formed as: a composited under the laws of
first organized, formed or prorporated under the laws of ELORIDA (Enter state, or if a non-U.S. entity, the name of the country)
07/09/2015 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 attached Articles of Incorporation:
ARM LOGISTICS TRADING INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:

R

Page Lof 2

2019 AUG 15 AM 8: 37
SECRE MANY OF STATE
TAIL MANY OF STATE

Signed this 20 day of MAY	. 20 19
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: ROGER C ROHLES Title: PRESIDE	r, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business En	utity: [See below for required signature(s).]
Signature:	
Signature: ROOER d. PolyILFS Printed Name:	Title: AMBR
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title;
If Florida General Partnership or Limited Liability I Signature of one General Partner.	<u>'artnership:</u>
If Florida Limited Partnership or Limited Liability I Signatures of <u>ALL</u> General Partners.	imited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	

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

The name of the corporation shall be:ARM LOGISTICS TE	RADING INC
ARTICLE II PRINCLEAL OFFICE	
The principal place of business mailing address is:	
Principal strest address	Mailing address, if different is:
1786 NW 82ND AVE	
DORAL, F1, 33126	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
TRADING COMPANY	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DI	
Name and Title: ROGER C. ROHLES - PRESIDENT	Name and Title: MATHEUS V. MEDRADO - DIRECTOR
Address: 1786 NW 82ND AVE	Address: 1786 NW 82ND AVE
DORAL, FL 33126	DORAL, FL 33126
Name and Title: ALEXANDRE H. AROEIRA - VP	Name and Title:
Address: 1786 NW 828D AVE	Address:
DORAL, FL 33126	
Name and Title:	
Address:	Address:



ame;	CSG - CAPITAL SURVICES GROUP INC	
ddress:	446 W HIEL SBORO BLVD	
,,,,,,	DEERFIELD BEACH, FL 33441	
	E VII INCORPORATOR	
he <u>name</u>	e and address of the Incorporator is:	
ame;	ROGER C. ROHLES	
(ldress:	1786 NW 82ND AVE	
	13730 34 121 22124	
	DORAL, FL 33126	
aving b	een named as registered agent to accept service of	
aving b	een named as registered agent to accept service of	process for the above stated corporation at the place designated in it as registered agent and agree to act in this capacity
aving b	een named as registered agent to accept service of ficute, I am familiar with and accept the appointment Required Signature/Registered Agent  this document and affirm that the facts stated here	orocess for the above stated corporation at the place designated in a registered agent and agree to act in this capacity    05/29/2019
laving b	een named as registered agent to accept service of plicate, I am familiar with and accept the appointment Required Signature/Registered Agent	orocess for the above stated corporation at the place designated in a registered agent and agree to act in this capacity    05/29/2019

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