

P19000075796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

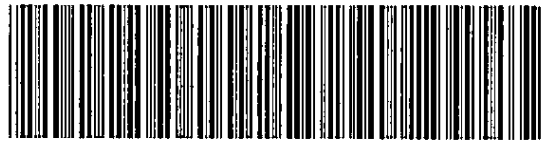
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2019 SEP 25 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN

OCT 9 2019

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: JSAWS TRANSPORT LLC
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

WAYNE RAMNARINE

Contact Person

JSAWS TRANSPORT LLC

Firm/Company

910 SAN PAULO WAY

Address

KISSIMMEE, FLORIDA 34758

City, State and Zip Code

JSAWSTRANSPORT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERLYN M DEPENA

Name of Contact Person

at (407) 346-7328

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

2019 SEP 25 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FL

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:

JSAWS TRANSPORT INC

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.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on JANUARY 28, 2016
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:**

JSAWS TRANSPORT INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JANUARY 1, 2020

(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.

Signed this 16 day of SEPTEMBER, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: ERLYN N. DEPENDA
Printed Name: ERLYN N. DEPENDA Title: owner

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Wayne Ramnarine

Printed Name: WAYNE S RAMNARINE Title: CEO

Signature: Alicia R Holley

Printed Name: ALICIA R HOLLEY Title: MGR

Signature: Sarah Kisseondath

Printed Name: Sarah L. Kisseondath Title: member

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

ARTICLE I NAME

The name of the corporation shall be: JSAWS TRANSPORT INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

910 SAN PAULO WAY

910 SAN PAULO WAY

KISSIMMEE, FLORIDA 34758

KISSIMMEE, FLORIDA 34758

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WOULD LIKE TO CONVERT TO AN S-CORP. SHAREHOLDER ALICIA HOLLEY IS BEING REMOVED, AND

SHAREHOLDER SARAH KISSOONDATH, member, too.

ARTICLE IV SHARES

The number of shares of stock is: 01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WAYNE RAMNARINE, CEO

Name and Title: _____

Address: 910 SAN PAULO WAY

Address: _____

KISSIMMEE, FLORIDA 34758

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

RECEIVED BY STATE
TALLAHASSEE, FL

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: WAYNE RAMINARINE, CEO
Address: 910 SAN PAULO WAY
KISSIMMEE, FLORIDA 34758

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ERLYN'S TAXES
Address: 2942 PLEASANT HILL ROAD
KISSIMMEE, FLORIDA 34746

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Wayne Raminarine
Required Signature/Registered Agent

9/16/2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

09/16/2019
Date

2019 SEP 25 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL
11-20