P19000086817

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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O O'KEEFE NOV 2.2 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2019

ENIO DIAZ REYES MIKE D XPRESS LLC 2730 WEST 62ND PLACE #105 HIALEAH, FL 33016

SUBJECT: MIKE D XPRESS CORP.

Ref. Number: W19000084053

We have received your document for MIKE D XPRESS CORP. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

" Owner " can not be used as a title. Please make corrections where it is used in the Certificate of Conversion.

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.

Letter Number: 819A00019170

DANIEL LO'KEEFE Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corp	porations			
SUBJECT:	like DXP	Resulting Florida Prof	it Corporation	_
		-	-	***O.1 D. :
The enclosed Certificate Entity" into a "Florida P	of Conversion, Articles rofit Corporation" in acc	of Incorporation, and cordance with s. 607.	I fees are submitted to conv 1115, F.S.	ert an "Other Business
Please return all correspond	ondence concerning this	matter to:		
Enio	Diaz Rege Contact Person	:5		
Mike	D XPRES Firm/Company	TS LLC		
2730	west 62 Address	no place	#105	J.o
	F/ 33 City, State and Zip Code			- 40H 6I
	City, State and Zip Code Ing Services Cor o be used for future anne		ш)	FILED 19 NOV -1 PMII: 09
	concerning this matter,			<u></u>
	Diaz ontact Person	_at (<u>786</u>) Area Code	250 - 7166 and Daytime Telephone N	 umber
Enclosed is a check for				
3 \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fo and Certified Copy	Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center	ns	Ne Div P.	w Filings Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	

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:
HIKE D XPRESS LLC Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
on
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> :
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 08/13/20/9. (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 of Quague	f 20 <u>1.9</u>	
Required Signature for Florida Profit Corporati		
Signature of Chairman, Vice Chairman, Director, O Incorporator: Printed Name: Printed Name: DiazTitle:/	Manage	not been selected, an
Required Signature(s) on behalf of Other Busine	•	nature(s).]
Printed Name: Enio Diaz	Title: Manager	
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 Liab Signature of one General Partner. If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.		19 NOV -1
If Florida Limited Liability Company: Signature of a Member or Authorized Representat	ive.	L FAIL: 09
All others: Signature of an authorized person.		09
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 MK	D Xpress Corp.
The name of the corporation shall be:	<u> </u>
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
· 7730 west 62 nd blace HIOS	2730 west 62 re blace #105
2730 west 62 mg place #105 Haleah F1 33016	2730 west 62 replace \$105 Graleah F(33016
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
<u> </u>	
Hny Jawfall bu	siness. (Fransportation)
· · · · · · · · · · · · · · · · · · ·	
	
	, (OV) n
ARTICLE IV SHARES The number of shares of stock is:	<u></u>
	PECTORS T
ARTICLE V INITIAL OFFICERS AND/OR DI	
Name and Title: <u>Fnio Viaz</u> (Manage	Name and Title:
Address: 2730 west 62 nd place	Address:
Graleah F1 33010	Name and Title: S
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
	
Address:	/ Marcos.

The name	and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
	Fnio Diaz
Address:	2730 west 62 ml place # 105
	2730 west 62 me place # 105 Haleah F1 33016
	E VII INCORPORATOR
The name	and address of the Incorporator is:
Name:	Enio Diaz
Address:	Frio Diaz 2730 west 62 de place HIOF Haleah Fl 33016
	Haleah Fl 33016
******	*****************
Having both	een named as registered agent to accept service of process for the above stated corporation at the place designated in Icate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
	08/29/2017
	Required Signature/Registered Agent Date
I submit : documen	this document and affirm that the facts stated herein are true. I am aware that any false information submitted in c It to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
(V) 15 08/29/2019
	Required Signature/Incorporator Date