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(Requestor's Name)			
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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#### COVER LETTER

TO: New Filing Section Division of Corporati	ons				
•	eight Broker	rs. Inc.			
SOBJECT.	<del></del>	Resulting Flor	ida Profit	Corporation	
The enclosed Articles of Comentity into a "Florida Profit C					following eligible
Please return all corresponder	nce concerning this	s matter to:			
Barbara Jones, V	D				
C	ontact Person		<del></del>		
Omni Freight Brok	kers, Inc				
Fi	rm/Company				
2212 Sawgrass V	illage Dr.				
	Address	- "	<del></del> -		
Ponte Vedra Bead	ch, FL 3208	32			
City, S	State and Zip Code	•			
bjones@omnifreig					
E-mail address: (to be us	sed for future annu	al report notif	ication)		
For further information conce	rning this matter, p				
Barbara Jones		at ( 904	_ <sub></sub> 285	5-3704	
Name of Contact I	Person	Area	Code and	I Daytime Telephone Number	
Enclosed is a check for the fol	lowing amount:				
■ \$105.00 Filing Fees □\$1 and C Status	ertificate of	□\$113.75 Fi and Certified		□\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323			New F Division The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	)

Tallahassee, FL 32303

#### COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Omni Freight Broker	rs, Inc.				
001/00101	Resulting Flor	ida Profit	Corporation	—	
The enclosed Articles of Conversion, Articles of entity into a "Florida Profit Corporation" in accounting the control of the c				t the following eligi	ible
Please return all correspondence concerning this	s matter to:				
Barbara Jones, VD					
Contact Person					
Omni Freight Brokers, Inc					
Firm/Company					
2212 Sawgrass Village Dr.					
Address					
Ponte Vedra Beach, FL 3208	32			20 J	
City, State and Zip Code	3			SS   1   1   1   1   1   1   1   1   1	
bjones@omnifreightbrokers.	com			20 JUH -8 PHTE: 05	
E-mail address: (to be used for future annu	al report notif	ication)			
For further information concerning this matter,	please call:			<b>05</b>	
Barbara Jones	<sub>at (</sub> 904	,285	5-3704		
Name of Contact Person	Area	Code and	d Daytime Telephone Nu	ımber	
Enclosed is a check for the following amount:					
■ \$105.00 Filing Fees □\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fi and Certified	-	□\$122.50 Filing Fees. Certified Copy, and Certificate of Status		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New I Divisi The C	Address: Filing Section fon of Corporations fentre of Tallahassee N. Monroe Street, Suit-	ie 810	

Tallahassee, Fl. 32303

## Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Omni Freight Brokers, Inc.
Enter Name of the Converting Entity
2. The converting entity is a Corportion
(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
(Enter state, or if a non-U.S. entity, the name of the country)
on June 23, 1987
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : Omni Freight Brokers, Inc
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
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.

Signed this 54h day of June	. 20_26			
Required Signature for Florida Profit Corporation	<u>:</u>			
Signature of Director, Officer, or, if Directors or Offic	ers have not been selected, an Incorporator	:		
Printed Name: Christopher Bondani Title: Esq	. (Incorporator)			
Required Signature(s) on behalf of Converting Flor companies: [See below for required signature(s).]	rida partnerships, limited partnerships, a	nd limit	ed liab	ility
Signature:				
Printed Name:	Title:			
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 Signature of one General Partner.	Partnership:	社会	20 JUH -8	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:			12 77
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		16834	<sup>6</sup> ਜ∐: 05	.*
All others: Signature of an authorized person.				
Fees:  Articles 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 FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of th	e corporation shall be: OMNI FREIG	HT BROK	ERS, INC.
ARTICLE II The principal p	PRINCIPAL OFFICE lace of business/mailing address is:		
	Principal street address		Mailing address, if different is:
2212 SAV	VGRASS VILLAGE DRIVE	Sam	ne
PONTE V	EDRA BEACH, FL 32082		
	r PURPOSE or which the corporation is organized is: all lawful pruposes		·
			20 JUL -8
			<u></u>
ARTICLE IV	SHARES shares of stock is:		
ARTICLE V	OFFICERS AND/OR DIRECTORS		
Name and Title	SCHMIDT, RONALD CPTD	Name and Title Address:	JONES, BARBARA VD
Address:	2212 SAWGRASS VILLAGE DRIVE		2212 SAWGRASS VILLAGE DRIVE
	PONTE VEDRA BEACH, FL 32082		PONTE VEDRA BEACH, FL 32082
Name and Title	e:	Name and Title	:
Address:		Address:	
Name and Title	e:	Name and Title	
Address:		Address:	

ARTICL.	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name:	SCHMIDT, RONALD	
Address:	2212 SAWGRASS VILLAGE DRIVE	
	PONTE VEDRA BEACH, FL 32082	

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

Ronald Schmid+
Required Signature/Registered Agent

05/06/2020 Date

20 JULI-8 PHH: 05