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COVER LETTER

Tallahassee, FL 32314

TO: New Filing Section Division of Corporat	tions		
SUBJECT: AMA	ras Transi	yorta+ior	า
	ras Trans ; Name of Resul	ting Florida Profit	Corporation
The enclosed Articles of Corentity into a "Florida Profit C			are submitted to convert the following eligible 33 & 607.0202, F.S.
Please return all corresponde	nce concerning this matt	er to:	
Mahogoney	Thomas Contact Person		
Amaras To	inSportation	1	
18459 Pines Bl	Nd Ste. 184 Address		
Pembroke Pines City,	FL 33029 State and Zip Code	 	
Mthum as @ C E-mail address: (to be t	inc.rastransa ised for future annual rep	OCH (EM) port notification)	
For further information conce	erning this matter, please	call:	
Mahogoney Tho Name of Contact	Person at (_	Area Code and	5 - 5 79 7 Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$105.00 Filing Fees □\$1 and 0 State	Certificate of and (13.75 Filing Fees Certified Copy	U\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corpora P.O. Box 6327		New F Divisio	Address: iling Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

Converting Eligible Entity

Into

Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> 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:
America Transportation UC Enter Name of the Converting Entity
2. The converting entity is a Limited Liability Company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florica (Enter state, or if a non-U.S. entity, the name of the country)
on $9/23/2020$
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>
Enter Name of Florida Profit Corporation
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 eurrent/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: $12-1-2020$.
(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 <u>20th</u> day of <u>Decemb</u>	R.Y	, 20 <u>20</u>	
Required Signature for Florida Profit Corporati	ion:		
Signature of Director, Officer, or, if Directors or Of	fficers have n	ot been selected, an Incorporator	
Mr W		-	
Printed Name: MahaganeyThalitle:	(FO		
Required Signature(s) on behalf of Converting F companies: [See below for required signature(s).]	lorida partn	erships, limited partnerships,	and limited liability
Signature:	· · · · · · · · · · · · · · · · · · ·		<u></u> .
Printed Name: Mahogoney Thomas			_
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 Liabil Signature of one General Partner. If Florida Limited Partnership or Limited Liabil			
Signatures of <u>ALL</u> General Partners.			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	e.		
All others: Signature of an authorized person.			

Fees:

Articles of Conversion:

\$35.00

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

\$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 the corporation shall be: Ameras	Transportation, (o
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	·
18459 Principal street address 18459 Pings BIVd. Ste 184 Pembroke Pings, FL 33029	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: LONG haut frieght tran	Sportation
ARTICLE IV SHARES The number of shares of stock is: 5	· · · · · · · · · · · · · · · · · · ·
Name and Title: Mahagoney Thomas Address: 18459 Bines Bird Ste By	Name and Title:Address:
Name and Title: Address:	Name and Title:Address:
Name and Title: Address:	Name and Title: Address:
	

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acc	eptable) of the registered agent is:
Name: Manageney Thomas	
Address: 18459 Pino Blud Ste. 184	
Pembionie Arcs, FL 33029	
,	
**************************************	**************************************
MA	1-11-2021
Required Signature/Registered Agent	Date

Electronic Articles of Organization For Florida Limited Liability Company

L20000300128 FILED 8:00 AM September 23, 2020 Sec. Of State jafason

Article I

The name of the Limited Liability Company is: AMARAS TRANSPORTATION LLC

Article II

The street address of the principal office of the Limited Liability Company is:

18459 PINES BLVD STE. 184 PEMBROKE PINES, FL. US 33029

The mailing address of the Limited Liability Company is:

18459 PINES BLVD STE. 184 PEMBROKE PINES, FL. US 33029

Article III

Other provisions, if any:

INDEPENDENT FREIGHT OWNER OPERATOR LOGISTICS FIRM

Article IV

The name and Florida street address of the registered agent is:

MAHOGONEY S THOMAS 18459 PINES BLVD STE. 184 PEMBROKE PINES, FL. 33029

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MAHOGONEY SHANTEL THOMAS