

P21000101277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

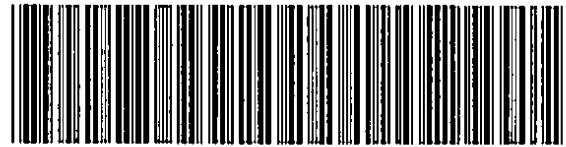
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations
SPIRITUAL TRANSPORTATION Inc

SUBJECT: _____
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Sonia Becerra

Contact Person

Swyft Filings

Firm/Company

3 Greenway Plaza #1320

Address

Houston, TX 77046

City, State and Zip Code

filings@swyftfilings.com

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

For further information concerning this matter, please call:

Sonia Becerra 877 777-0450

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

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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:
SPIRITUAL TRANSPORTATION LLC

Enter Name of the Converting Entity
Limited Liability Company

2. The converting entity is a _____
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

Florida

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

02/01/2021

on _____
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**
SPIRITUAL TRANSPORTATION 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

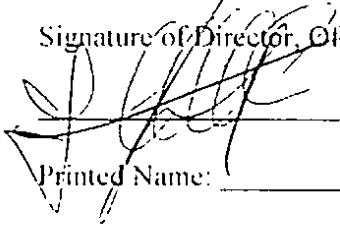
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Signed this 6 day of NOVEMBER, 2021.

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:



Printed Name: _____ Title: _____

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s)]

Signature: _____

Printed Name: Junior Cadet _____ Title: Member _____

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 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:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME SPIRITUAL TRANSPORATION **INC**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

926 NW 206TH TERRACE

MIAMI GARDENS, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSE.

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TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES 10,000

The number of shares of stock is: _____

ARTICLE V OFFICERS AND/OR DIRECTORS

JUNIOR CADET PRESIDENT

Name and Title: _____

926 NW 206TH TERRACE

Address: _____

MIAMI GARDENS, FL 33169

JUNIOR CADET SECRETARY

Name and Title: _____

926 NW 206TH TERRACE

Address: _____

MIAMI GARDENS, FL 33169

Name and Title: _____

Address: _____

JUNIOR CADET TREASURER

Name and Title: _____

926 NW 206TH TERRACE

Address: _____

MIAMI GARDENS, FL 33169

JUNIOR CADET DIRECTOR

Name and Title: _____

926 NW 206TH TERRACE

Address: _____

MIAMI GARDENS, FL 33169

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

LEGALCORP SOLUTIONS, LLC

Name:

3440 HOLLYWOOD BLVD. SUITE 415

Address:

HOLLYWOOD, FL 33021

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



Required Signature/Registered Agent

11/17/2021
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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