

P230 00003433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

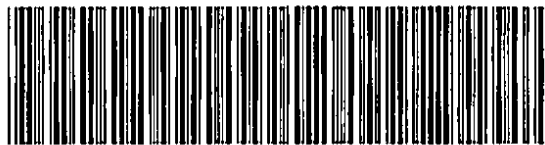
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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JUN 22 2022  
FALL ARIZONA

2022 JUN 22 PM 1:02

FILED

file 6/22/22  
ma: ggy

W22-71324

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** GREEN ACRES LOGISTICS INC

\_\_\_\_\_  
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:

CHRISTOPHER MALCOLM

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

2136 MICHIGAN AVE

\_\_\_\_\_  
Address

KISSIMMEE, FL 34744

\_\_\_\_\_  
City, State and Zip Code

INFO@CENTERCITYTAXPLUS.COM

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

For further information concerning this matter, please call:

ENRIQUE CORREA

at ( 407 ) 201-7003

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$105.00 Filing Fees	<input checked="" type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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**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**

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:  
GREEN ACRES LOGISTICS LLC

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 09-21-2018  
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**:  
GREEN ACRES LOGISTICS, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 04/21/2022  
(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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2022 JUN 22 PM 1:02  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

Signed this 16 day of APRIL, 2022.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Christopher Malcolm  
Printed Name: CHRISTOPHER MALCOLM Title: CHAIRMAN

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

Signature: Christopher Malcolm X  
Printed Name: CHRISTOPHER MALCOLM Title: CHAIRMAN

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:**

Certificate 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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2022 JUN 22 PM 1:02  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

# 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: GREEN ACRES LOGISTICS, INC

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

716 NIMA CT

ORLANDO FL 32835

Mailing address, if different is:

SAME AS PRINCIPAL

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROPERLY STRUCTURE ENTITY TO ALLOW FUTURE SHARE HOLDER'S ALSO TO UTILIZE

401 K SCORP RETIREMENT OPTIONS.

## **ARTICLE IV SHARES**

The number of shares of stock is: 100

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CHRISTOPHER MALCOLM

Address: 716 NIMA CT

ORLANDO FL 32835

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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JAMES H. HARRIS  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF ORANGE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: CHRISTOPHER MALCOLM  
Address: 7216 NIMA CT  
ORLANDO FL 32835

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHRISTOPHER MALCOLM  
Address: 7216 NIMA CT  
ORLANDO FL 32835

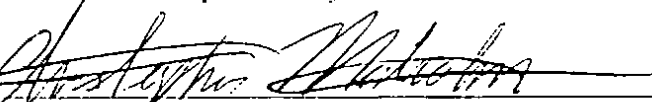
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

04/16/2022  
\_\_\_\_\_  
Date

*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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

04/16/2022  
\_\_\_\_\_  
Date

FILED  
2022 JUN 22 PM 1:02  
STATE OF FLORIDA  
TALLAHASSEE, FL 32301