P23000018756

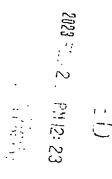
(Request	or's Name)	
(Address)	<u> </u>	
(Address)		
(//44/035)	,	
(City/Stat	e/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Rusines	s Entity Name)	
(Dusines.	s Chity (value)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

Office Use Only



400402888194

tu/22/23--01089--014 **110.75



COVER LETTER

то:	Charter Section Division of Corporations				
61101	ECT: SOUTH CENTRAL HAULERS I	NC			
SUDA	Name	e of Resulting Flor	ida Profit	Corporation	
	nclosed Certificate of Conversion, Art into a "Florida Profit Corporation" i				τ an "Other Busines
Please	e return all correspondence concerning	g this matter to:			
ENRI	QUE R CORREA				
	Contact Person				
PAR/	AMOUNT ENTERPRISES MULTI SERV	/ICES			
	Firm/Company				
2136	MICHIGAN AVE				
	Address				
KISS	IMMEE, F1. 34744				
	City, State and Zip	Code			
	@CENTERCITYTAXPLUS.COM	_			
	E-mail address: (to be used for future	annual report notif	fication)		
For fi	arther information concerning this mat	ter, please call:			
ENRI	IQUE CORREA	407 at (2017	003	
	Name of Contact Person	Ares	a Code an	d Daytime Telephone Num	ber
Enclo	osed is a check for the following amou	nt:			
□ \$1	05.00 Filing Fees 3 \$113.75 Filing F and Certificate of Status	ees \$113.75 F and Certified		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Divis Clifto	EET ADDRESS: Filings Section tion of Corporations on Building Executive Center Circle		New I Divisi P. O.	Filings Section on of Corporations Box 6327	202

Tallahassee, FL 32301

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:	
SOUTHCENTRAL HAULERS L.L.C	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a	
(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)	
03/08/2019 on	
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 organized, formed or incorporated:	now
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:	
SOUTH CENTRAL HAULERS INC	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date: (The effective date:	
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the FI Department of State.)	oria
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 this $\frac{3}{}$ da			, 20 ²³	
Required Signature for F	lorida Profit Corpora	ation:		
Signature of Chairman, Vi Incorporator: (1.4.5) Printed Name: LUIS JEREZ	te Chairman, Director, Title: D	Officer, or, if Di	irectors or Officers have not be	en selected, an
/			ee below for required signature((s).]
Signatura:	/			<u>_</u>
<i>V</i>	//	DI	IRECTOR	_
Signature:				_
Signature:				
Printed Name:		Title:		_
Signature:				_
Printed Name:		Title:		_
Signature:				_
Printed Name:		Title:		_
Signature:				_
Printed Name:		Title;		_
If Florida General Partne Signature of one General F		<u>bility Partnersh</u>	<u>úp:</u>	
If Florida Limited Partne Signatures of <u>ALL</u> Genera		bility Limited Pa	artnership:	
If Florida Limited Liabil. Signature of a Member or	<u>ity Company:</u> Authorized Representa	itive.		
All others: Signature of an authorized	person.			~ 3

Page 2 of 2

\$35.00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees:

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Incorporation:

2023 FEP 22 PF 12: 24

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 3235 MOCCASIN DR	Mailing address, if different is: SAME AS PRINCIPAL
KISSIMMEE, FL 34746	
ARTICLE III PURPOSE The purpose for which the corporation is organized	d is:
• •	W FUTURE SHARE HOLDER'S ALSO TO ULTILIZE
SOLO 401K CORP RETIREMENT OPTIONS.	
The number of shares of stock is:	DE DIRECTORS
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O LUIS JEREZ/DIRECTOR	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: 3235 MOCCASIN DR	Name and Title:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: LUIS JEREZ/DIRECTOR 3235 MOCCASIN DR	Name and Title:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: 3235 MOCCASIN DR	Name and Title: Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: LUIS JEREZ/DIRECTOR 3235 MOCCASIN DR KISSIMMEE, FL 34746	Name and Title: Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: LUIS JEREZ/DIRECTOR 3235 MOCCASIN DR KISSIMMEE, FL 34746 Name and Title:	Name and Title: Address: Name and Title: Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: LUIS JEREZ/DIRECTOR 3235 MOCCASIN DR KISSIMMEE, FL 34746 Name and Title:	Name and Title: Address: Name and Title: Address: Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: LUIS JEREZ/DIRECTOR 3235 MOCCASIN DR KISSIMMEE, FL 34746 Name and Title: Address:	Name and Title: Address: Name and Title: Address: Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: LUIS JEREZ/DIRECTOR 3235 MOCCASIN DR KISSIMMEE, FL 34746 Name and Title: Address:	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:

ARTICL	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:
Name:	LUIS JEREZ/DIRECTOR	
Address:	3235 MOCCASIN DR	
	KISSIMMEE, FL 34746	
ARTICL	E VII INCORPORATOR	
The name	and address of the Incorporator is:	
Name:	LUIS JEREZ	
Address:	3235 MOCCASIN DR	
	KISSIMMEE, FL 34746	
******	**********	********
		of process for the above stated corporation at the place designated in nent as registered agent and agree to act in this capacity
1	14 Tetto	01/31/23
	Required Signature/Registered Agent	Date
I submit i	this document and affirm that the facts stated h	erein are true. I am aware that any false information submitted in a
	t to the Department of State constitutes a third d	
1	1/000)	01/31/23
	Required Signature/Incorporator	Date

2023 FE3 22 PM 12: 24