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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

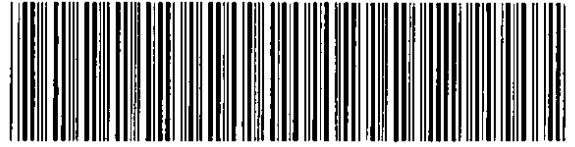
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer  
  
W23000095618

Office Use Only



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06/22/23--01005--003 \*\*122.50

23 JUN 22 PM 9:22  
SEP 11 11:00 AM  
FBI APR 1 11:00 AM

FIL.FPN

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Stone Logistics, Inc.  
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:

Alvin Howard  
Contact Person

Stone Logistics, Inc.  
Firm/Company

2295 S. Hiawassee Rd Suite 104  
Address

Orlando, FL 32835  
City, State and Zip Code

al@stonelogisticsinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvin Howard at ( 630 ) 789-9703  
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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23 JUN 22 PM 9:23  
TALLAHASSEE, FLORIDA  
STATE

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:

Stone Logistics, Inc.

Enter Name of the Converting Entity

2. The converting entity is a S Corporation

(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 Illinois  
(Enter state, or if a non-U.S. entity, the name of the country)

on August 31, 2006  
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:

Stone Logistics, 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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23 JUN 22 PM 9:23  
STATE OF FLORIDA  
DEPARTMENT OF STATE

Signed this 5th day of Sept, 2023.

**Required Signature for Florida Profit Corporation:**

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

Alvin O. Howard

Printed Name: ALVIN O. HOWARD Title: President

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

Signature: Alvin O. Howard

Printed Name: Alvin O. Howard Title: President

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

**ARTICLE I NAME**

The name of the corporation shall be: Stone Logistics, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

2295 S. Hiawassess Rd Suite 104 Orlando, Florida 32835

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For the purpose of conducting a profitable business concern as part of the Freight Transportation and Logistics industry.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES**

The number of shares of stock is: Common 1000

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Alvin Howard - P

Name and Title: \_\_\_\_\_

Address: 8227 Lake Crowell Circle  
Orlando, Florida 32836

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

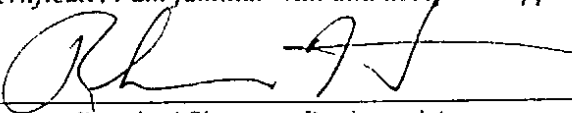
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Rhonda A. Howard  
Address: 8227 Lake Crowell Circle  
Orlando, FL 32836

\*\*\*\*\*  
*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

06-16-23  
Date

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23 JUN 22 PM 9:23  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002851

Entity Name: STONE LOGISTICS, INC.

Current Principal Place of Business:

7600 W. ROOSEVELT RD  
FOREST PARK, IL 60130

Current Mailing Address:

PO BOX 2506  
WINDERMERE, FL 34768 US

FEI Number: 20-5469781

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOWARD, ALVIN O  
8227 LAKE CROWELL CIR  
ORLANDO, FL 32836 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.*

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title: DPVST  
Name: HOWARD, ALVIN O  
Address: 8227 LAKE CROWELL CIR  
City-State-Zip: ORLANDO FL 32836

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STATE OF FLORIDA  
TALLAHASSEE, FL 32399

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above or on an attachment with all other like empowered.*

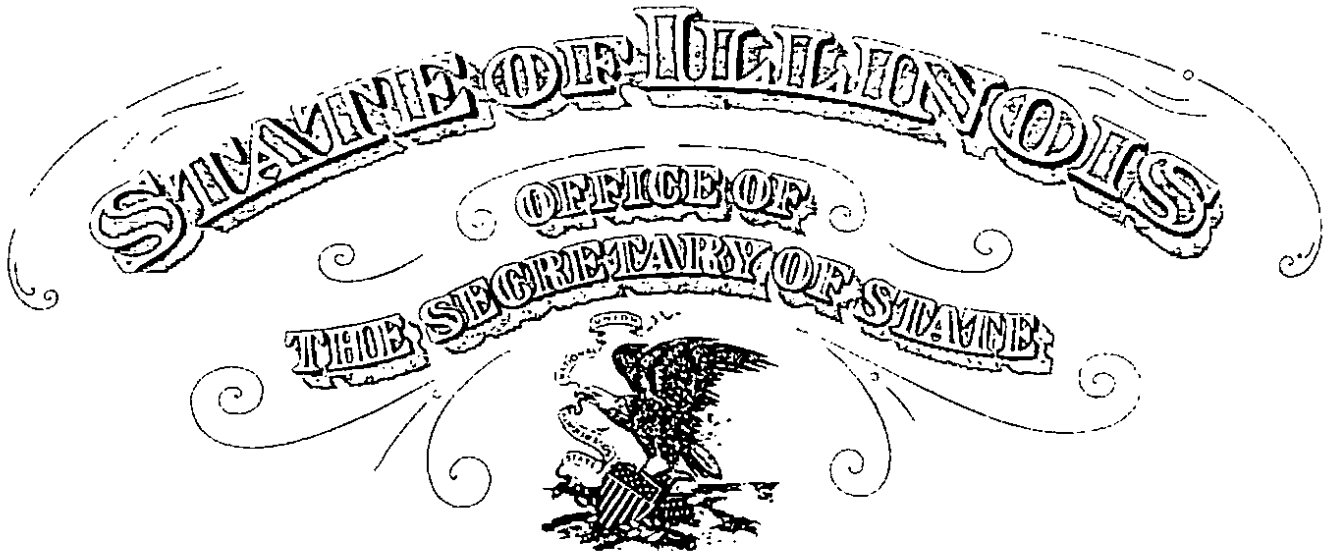
SIGNATURE: ALVIN O HOWARD

PRESIDENT

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date



**To all to whom these Presents Shall Come, Greeting:**

*I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

STONE LOGISTICS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 31, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

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STATE OF ILLINOIS  
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**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of JUNE A.D. 2023 .**





FORM BCA 2.10 (Rev. Dec. 2003)  
ARTICLES OF INCORPORATION  
Business Corporation Act

Jesse White, Secretary of State  
Department of Business Services  
Springfield, IL 62736  
217-782-9522  
217-782-6951  
www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to Secretary of State.

FILED: 08/31/2006

JESSE WHITE

SECRETARY OF STATE

See Note 1 on back to determine fees.

Filing Fee: \$160 Franchise Tax \$ 25.00 Total \$ 175.00 File # 65100894 Approved: KAK

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. Corporate Name: STONE LOGISTICS, INC.

The corporate name must contain the word "corporation," "company," "incorporated," "limited" or an abbreviation thereof.

2. Initial Registered Agent: DOMINIC J. MANCINI  
First Name Middle Initial Last Name

Initial Registered Office: 133 FULLER ROAD  
Number Street Suite No. (P.O. Box alone is unacceptable)  
HINSDALE IL 60521 DUPAGE  
City ZIP Code County

3. Purposes(s) for which the corporation is organized:  
(If more space is needed, attach additional 8 1/2" x 11" sheets.)

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

(See Exhibit "A" attached)

4. Paragraph 1 -- Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Thereof
Common	1,000,000	1,000	\$ 1,000

TOTAL = \$ 1,000

Paragraph 2 -- The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:  
(If more space is needed, attach additional 8 1/2" x 11" sheets.)

(cont. on back)

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ITEMS 5, 6 AND 7 ARE OPTIONAL

- 5. a. Number of Directors constituting the initial board of directors of the corporation: \_\_\_\_\_
- b. Names and Addresses of persons serving as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Address	City, State, ZIP

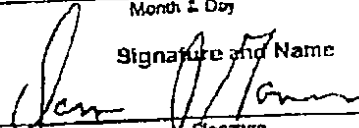
- 6. a. It is estimated that the value of the property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_
- b. It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_
- c. It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ \_\_\_\_\_
- d. It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ \_\_\_\_\_

7. Other Provisions: Attach a separate 8 1/2" x 11" sheet for any other provision to be included in the Articles of Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.).

NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

8. The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated August 30 2006  
Month & Day Year

1.		Signature and Name
	<u>DOMINIC J. MANCINI</u>	Signature Name (type or print)
2.	_____	Signature
	_____	Name (type or print)
3.	_____	Signature
	_____	Name (type or print)

1.	<u>133 FULLER ROAD</u>	Address
	<u>HINSDALE, IL 60521</u>	Street City/Town State ZIP Code
2.	_____	Street
	_____	City/Town State ZIP Code
3.	_____	Street
	_____	City/Town State ZIP Code

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 ATTORNEY GENERAL'S OFFICE

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Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signature.

Note 1 — Fee Schedule:

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state. (The minimum initial franchise tax is \$25.)
- The filing fee is \$150.
- The minimum total due (franchise tax + filing fee) is \$175.

Note 2 — Return to:

Dominic J. Mancini  
 Firm name  
Dominic J. Mancini  
 Attention  
133 Fuller Road  
 Mailing Address  
Hinsdale, IL 60521  
 City, State, ZIP Code