# 7230000b3390

(Requestor's Name)
(Address)
(A) (1)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duaiseas Faiin Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
1
W2300095618
- V - V - V V



000410942280

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

23 Juli 22 Th 9: 22

Office Use Only

#### COVER LETTER

TO: New Filing Section Division of Corporations				
Stone Logistics In	IC.			
	Resulting Florid	a Profit C	Corporation	
The enclosed Articles of Conversion, Articles of entity into a "Florida Profit Corporation" in acco	Incorporation. and ance with ss.	and fees 607.119.	are submitted to convert to 33 & 607.0202, F.S.	he following eligible
Please return all correspondence concerning this	matter to:			
Alvin Howard				
. Contact Person				
Stone Logistics, Inc.		_		
Firm/Company				
2295 S. Hiawassee Rd Sui	ite 104			, 53
Address				
Orlando, FL 32835	·			22
City, State and Zip Code	•			三型 王
al@stonelogisticsinc.com		ration)		FM 9: 23
For further information concerning this matter, p		, , , , , ,		.; ω
Alvin Howard	at (630	,789	9-9703	
Name of Contact Person	Area	Code and	l Daytime Telephone Nun	nber
Enclosed is a check for the following amount:				
□ \$105.00 Filing Fees □S113.75 Filing Fees and Certificate of Status	□S113.75 Fil and Certified (	-	■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		New I Divisi	Address: Filing Section ion of Corporations Tentre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Stite 810

Tallahassee, FL 32303

## 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.

23
23 JUN 22
22 PN 9: 23
3 1 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
W
laws of its
by the Florida
l;

Signed thisday ofSept	.20 23	
Required Signature for Florida Profit Corporation		
Signature of Director, Officer, or, if Directors or Of  Original Printed Name: Hour O. Hawar Fitle:		
Required Signature(s) on behalf of Converting F companies: [See below Typ required signature(s).]		nd limited liability
companies: [See below Till required signature(s).] Signature:	and	
Signature: <u>(Law O. T. FOW)</u> Printed Name: <u>Alvin O. Howars</u>	Title: President	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		23 JU
Printed Name:	Title:	* 22
Signature:		
Printed Name:	Title:	<u>.</u> م
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:	12 PS
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	ve.	
All others: Signature of an authorized person.		
Fees:  Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$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)

ARTICLE I	the corporation shall be: Stone Log	jistics, Inc.	
ARTICLE I			
Principal street address 2295 S. Hiawassess Rd Suite 104 Orlando, Florida 32835		Mailing address.	if different is:
		<u>-</u>	
ARTICLE 1 The purpose	UI PURPOSE for which the corporation is organized is:	******	
	se of conducting a profitable business concern a	s part of the Freight Transportation and L	ogistics industry.
			<u> </u>
-			JUH 22
			25 TH
			<del></del>
************			<u> </u>
			· · · · · · · · · · · · · · · · · · ·
ARTICLE I	V SHARES O	200	-
The number of	of shares of stock is: Common 10	JUU	
ARTICLE	V OFFICERS AND/OR DIRECTOR	<u>s</u>	
Name and Ti	ւե։Alvin Howard - p	Name and Title:	
Address:	8227 Lake Crowell Circle	A 11	
redire.is.	Orlando. Florida 32836	<del></del>	<del></del>
NI	.1		
	tle:		
Address:		Address:	
Name and Ti	tle:	Name and Title:	
Address:		Address:	
	t designated contracting and accompany to the second contraction of th	and the state of t	روسي والمراجل التواج الماسي والمستوال والمراج و المراج و المراج و المراج و المراج و المراج و المستوال المراج و

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

Name:
Address:

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

### 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

**FILED** Apr 04, 2023

Secretary of State

0804644541CC

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

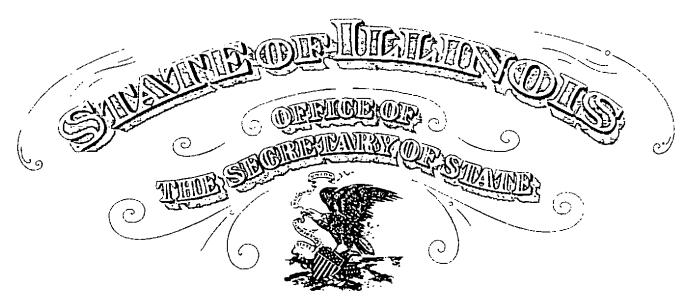
City-State-Zip: ORLANDO FL 32836

Thereby dentile that the information indicated on this recept or supplemental expect is true unit accounte and that my electronic signature state have the same legal effect as if made under talk that I am an officer or director of the corporation or the receiver or invite empowered to execute this report as required by Charles 507. Fluida Statistics, and that my name appears about or or an attachment with all offer like empowered

SIGNATURE: ALVIN O HOWARD

**PRESIDENT** 

04/04/2023

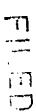


## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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 HALINOIS.





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

Authentication # 2316792002 ventiable until 06/16/2024

Authenticate at Intips //www.ilsus.gov

SECHETARY OF STATE

AUG-30-06

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
217-782-6961
vvvv.cyberdriveitlingis.com

Corporation Act.

Remit payment in the form of a cashier's FILED: 08/31/2006 check, certified check, money order JESSE WHITE or an itimois attorney's or CPA's check SECRETARY OF STATE payable to Secretary of State.

File	o Note 1 on back to determing Fue: \$160 Franchise Tax ————— Submit in duplic	25.00	Total S	File # 651 00894	1 W A	K
	Corporate Name: STON	VE LOGISTICS.	INC.			
	The corporate n	ame must cortain U	he word "exporation," "o	ornicany," "Incorporated," "Emil	bid" or an abbreviation thereof,	<del></del>
				1 .	MANCINI	
2.	Initial Registered Agent:		irst Namo	Widdle Indial	Last Name	
	Initial Registered Office:	133 FULLER	ROAU	Suite No. (P.	O. Box alone is unacceptable)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Number HINSDALE	Sucet	u 60521	DUPAGE	
		11.1100.	City	ZIP Goda	County	
						7.2
Э.	Purposes(s) for which the	d altach additio	INALE 1/2 X II SHE	ets.)		는 설립 설립
	The transaction of any o	я all lawful busi	nesses for which co	orporations may be inco	orporated under the Illinois	ອີນຣໄກຍູ້ຊົ <sub>້</sub> .

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

Number of Shares
Number of Shares
Proposed to be Issued
Received Thereof

Common 1,000,000 1,000 5 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.)

(See Exhibit "A" attached)

(cont. on back)

Printed by surriodry of the State of tiltness June 2006 - 25M - C 162.25

### TEMS 5, 6 AND 7 ARE OPTIONAL

successors are elected and qualify:			neeting of sharehold	<u>g</u> P
Name			· · · · · · · · · · · · · · · · · · ·	
It is estimated that the value of the property to be o	erti ya benwa	corporation	s	
for the following year wherever located will be:  It is estimated that the value of the property to be to	located within	the State	` *	
of Illinois during the following year will be:	_		\$	
that the protection of substitution is	hat will be tra	insacted by	s	
the corporation during the following year will be:		nearted	-	<u> </u>
the corporation during the following year will be:  d. It is estimated that the gross amount of business the first state of till and during the first state of till and state	nai wii de u	no vear will	be: \$	
Other Provisions: Attach, a separate 8 1/2" x 11" sh incorporation (e.g., authorizing preemptive rights, den	neet for any	other provi	sion to be included equiation internal att	vita voting major-
tecomposition (e.g., authorizing preemptive rights, den	sympoumusi	ive vonig, i	eguania	
ity requirements, fixing a utilatori oxiv				
	ZECLAR INC	ORPORATO	OR(S)	
NAME(S) & ADDRESS  The undersigned incorporator(s) hereby declare(s), un	ider penaltie:	at perjury,	that the statements n	uade in the lotedo-
ing Articles of Incorporation are true.				
2005		,		
Dated August 30 2006 North 5 Day Year				
Dated Month L Day				
Signature sho Name			Address	
J. Signalar vill		133 FULLE	R ROAD	
1 //on	1.		Street	70 19
Signature	•	HINSDAL F	E, IL 60521	
DOMÍNIC J. MANCÍNÍ		City/Town	State	ZIP Code
Name (type or print)	^	÷ •• · •		<u> </u>
	2		Street	5. 5
2.				
2. Signature				
Signature		City/Iomp	State	ZIP Code
2. Signature . Name (type or print)		City/lown	State	ZIP Codi
Name (type or print)	3.	Скулонр	Sjake Street	
Name (type or print)	3.	CALYFORD	· · · · · · · · · · · · · · · · · · ·	18 N
Name (type or print)  3. Signature		City/Town	Street	ZiP Code
Name (type or print)  3. Signature		City/Town	Street	ZiP Code
Name (type or print)  Name (type or print)  Name (type or print)	nent. Carbon	City/Town	Street State CODY OF FUNDOUT STAMP	ZiP Code Signatures may or
Name (type or print)  Name (type or print)  Name (type or print)  Signatures must be in <u>BLACK INK</u> on an oxiginal cocum	nent. Carbon	City/Town	Street State CODY or rubber stamp	ZIP Cooe Signatures may or
Name (type or print)  Name (type or print)  Name (type or print)  Signatures must be in <u>BLACK INK</u> on an oxiginal cocum	nent. Carbon	City/Town	Street State CODY or rubber stamp	ZIP Cooe Signatures may or
Name (type or print)  Name (type or print)  Name (type or print)	nent. Carbon	City/Town	Street State CODY or rubber stamp	ZIP Cooe Signatures may or
Name (type or print)  3. Signature  Name (type or print)  Name (type or print)  Signatures must be in <u>BLACK INK</u> on an oxiginal cocum be used on comformed copies.  NOTE: If a corporation acts as incorporator, the name of the execution shall be by a duly authorized corporate.	nent. Carbon	City/Town	Street State CODY or rubber stamp	zip Cooe signatures may or n shall be shown ar e beneath signature
Name (type or print)  3. Signature  Name (type or print)  Signatures must be in <u>BLACK INK</u> on an oxiginal cocum be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the execution shall be by a cuty authorized corporation.	nent. Carbon of the corpora orate officer.	City/Town CODY, photo Ration and the Type or print	Street State Copy or rubber stamp e state of incorporator officer's name and titl Note 2 — Return to	zip Code signatures may or n shall be shown ar le beneath signature
Name (type or print)  3. Signature  Name (type or print)  Signatures must be in <u>BLACK INK</u> on an oxiginal cocum be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the execution shall be by a cuty authorized corporation.	nent. Carbon of the corpora orate officer.	City/Town CODY, photo Ration and the Type or print	Street  State  Copy or rubber stamp  state of incorporator officer's name and titl  Note 2 — Return to  Dominic J. Mancin	ZIP Coos  signatures may or  n shall be shown ar e beneath signature
Name (type or print)  3. Signature  Name (type or print)  Signatures must be in <u>BLACK INK</u> on an original cocum be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the execution shall be by a duly authorized corporator.  Note 1 — Fee Schedule: The initial franchise tax is assessed at the rate of 15  Into 150 per \$1,000 on the paid-in capital represented	nent. Carbon of the corpora orate officer.	City/Town CODY, photo Ration and the Type or print	Street  State  Copy or rubber stamp  state of incorporator officer's name and titl  Note 2 — Return to  Dominic J. Mancin	ZIP Coos  signatures may or  n shall be shown ar e beneath signature
Name (type or print)  3. Signature  Name (type or print)  Signatures must be in <u>BLACK INK</u> on an original cocum be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the execution shall be by a dufy authorized corporation initial franchise tax is assessed at the rate of 15 (\$1.50 per \$1,000) on the paid-in capital represented minimum initial franchise tax is \$25.)	nent. Carbon of the corpora orate officer.	City/Town CODY, photo Ration and the Type or print	Street  State  State  copy or rubber stamp  state of incorporation officer's name and titl  Note 2 — Return to  Dominic J. Mancin Firm  Oominic J. Mancin	ZIP Coos  signatures may or  n shall be shown ar e beneath signature
Name (type or print)  3. Signatures  Name (type or print)  Signatures must be in <u>BLACK INK</u> on an oxiginal cocum be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the execution shall be by a cuty authorized corporation shall be by a cuty authorized corporation initial franchise tax is assessed at the rate of 15 (\$1.50 per \$1,000) on the paid-in capital represented minimum initial tranchise tax is \$25.)  The Ding fee is \$150.	of the corpora or rate officer.	City/Town CODY, photo Ration and the Type or print	Street  State  Copy or rubber stamp  state of incorporator officer's name and titl  Note 2 — Return to Dominic J. Mancin Firm Oominic J. Mancin And 133 Fuller Road	zip Code  signatures may or n shall be shown al le beneath signature  b: name i
Name (type or print)  3. Signature  Name (type or print)  Signatures must be in <u>BLACK INK</u> on an oxiginal cocum be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the execution shall be by a cuty authorized corporation initial franchise tax is assessed at the rate of 15 (\$1.50 per \$1,000) on the paid-in capital represented minimum initial franchise tax is \$25.)	of the corpora or rate officer.	City/Town CODY, photo Ration and the Type or print	Street  State  Copy or rubber stamp  state of incorporator officer's name and titl  Note 2 — Return to Dominic J. Mancin Firm Oominic J. Mancin And 133 Fuller Road	ZIP Code  Signatures may or n chall be shown ar be beneath signature  D: name i ention