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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

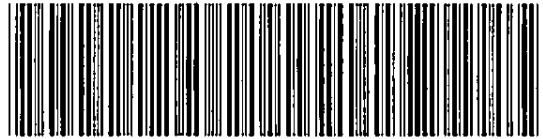
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 SEP -3 PM 1:02
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2024

JENNIFER HERNANDEZ
1706 SW 2ND PL
CAPE CORAL, FL 33991

SUBJECT: JENNMOTESLOADS LLC
Ref. Number: L21000425416

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP -3 AM 10:10

RECEIVED

We have received your document for JENNMOTESLOADS LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE CONVERSION FORM YOU HAVE SUBMITTED IS TO CONVERT A FLORIDA LLC OUT OF THE STATE OF FLORIDA INTO AN OUT OF STATE CORPORATION OR OTHER ENTITY. THIS IS INCORRECT. PLEASE FIND ENCLOSED THE CORRECT INFORMATION AND COMPLETE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers
Regulatory Specialist III

Letter Number: 324A00018037

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JENNMovesLOADS LLC
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:

Jennifer Hernandez
Contact Person

JENNMovesLOADS LLC
Firm/Company

1706 SW 2ND PL
Address

CAPE CORAL, FL 33991
City, State and Zip Code

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

For further information concerning this matter, please call:

Lorenzo Michel Gonzalez Muir 239 810-7174
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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

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:

JENNMovesLOADS LLC

Enter Name of the Converting Entity

2. The converting 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 10/01/2021
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:

USA SAFETY CORP

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: 8/21/24
(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

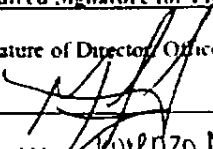
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Signed this 21 day of August, 2024.

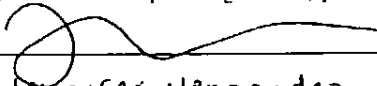
Required Signature for Florida Profit Corporation:

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



Printed Name: Lorenzo Michel Gonzalez Mur Title: Owner / Director

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

Signature: 

Printed Name: Jennifer Hernandez Title: Owner

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)

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: USA SAFETY CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

7109 ARUNDEL CIR,
FORT MYERS, FL 33913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to connect shippers with carriers to transport goods
from one location to another.

ARTICLE IV SHARES

The number of shares of stock is: 0

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Lorenzo Michel Gonzalez Mui Name and Title: _____
Owner

Address: 7109 Arundel Cir Address: _____
Fort Myers, FL, 33913

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: LORENZO MICHEL GONZALEZ MUI

Address: 769 ARUNDEL CIR
FORT MYERS, FL 33913

.....
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



Registered Signature/Registered Agent

8/21/24

Date