# L24000,310608

•
(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:
Special instructions to Filling Officer.

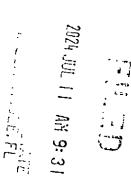
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# COVER LETTER

**Street Address:** 

New Filing Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Mailing Address:

P.O. Box 6327

New Filing Section

Division of Corporations

Tallahassee, FL 32314

### Articles of Conversion

For

### "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Taniyattogistics. Inc P2000024499 (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Janiya Hlagistics. Llc</u> (Enter entity type. Example: corporation, hmited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of FLORTDA (Enter state, or if a non-U.S. entity, the name of the country)
on <u>MARCH</u> , <u>2020 17</u> . (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JANI JAH OGISTICS . LC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $06/24/2024$
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.

- 5. The plan of conversion has been approved in accordance with all applicable statutes.
- 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Signed this <u>06</u> day of <u>24</u> 20 <u>24</u>
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Just with French Printed Name: Ramilien Jean Mony Title: President
Signaturate) on holbelf of Orlean Designan Paris, 10 1 1 5
Signature: Signature: Signature: Tean Mary Title: President  Signature: Signature: Tean Mary Title: President
Signature:
Signature: Title:
Signature: Title:
Signature:
Signature: Printed Name: Title:
Signature: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.
All others: Signature of an authorized person.

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
TANT VA HLO GISTICS - LLC (Must contain the words "Limited Liability Company, "L.E.C." or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address:  Mailing Address:
1825 SW California Blvd Port Saint Lucie Fl 34953
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Ramilien Jean Mary
1825 SW California BLvd Florida street address (P.O. Box <u>NOT</u> acceptable)
Port saint Lucie FL 34953 City Zip
Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Ramilien Jean Mary	1825 SW California Blud Port Soint Lucie FL 34953
President	
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605 0203 (1) (b). Florida Statutes, 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.

Ramilien Jean Mary
Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)