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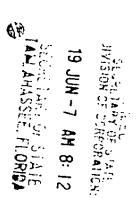
(Re	equestor's Name)	
(Ad	dress)	
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(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JUN 11 2019

#### **COVER LETTER**

TO:	New Filing S Division of C				
SHB.	IECT: ALL BRA	AVE ENTERPRISES GRO	OUP CONTRACTOR	RS LLO	
0000		(Name of Res	sulting Florida Limite	d Con	nipany)
					d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concerning	g this matter to:		
GERF	SON CIMEUS				
		(Contact Person)			
GC SI	ERVICES CONSU	JLTANT			
		(Firm/Company)			
P.O B	OX 16251				
		(Address)			
FORT	-LAUDERDALE	FL 33318			
	(6	City, State and Zip Code)			
GCSE	RVICESCONSUL	TANT@GMAIL.COM			
E-1	nail Address: (to b	e used for future annual re	port notifications)		
For fu	urther informati	on concerning this ma	tter, please call:		
GERF	SON CIMEUS		at ( 954	448-5	5497
	(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou		rocess	sed by this office must be payable in US
(\$25 fd & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divis Clifto	EET ADDRES Filing Section ion of Corporat on Building Executive Cent	ions	New Fi Divisio P. O. Bo	ling S n of C ox 63	Corporations

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2019

GERFSON CIMEUS PO BOX 16251 FORT LAUDERDALE, FL 33318

SUBJECT: ALL BRAVE ENTERPRISES GROUP CONTRACTORS LLC

Ref. Number: W19000048786

We have received your document for ALL BRAVE ENTERPRISES GROUP CONTRACTORS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 619A00010110

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#### **Articles of Conversion**

For

### "Other Business Entity"

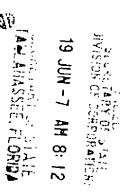
Into

#### 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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  ALL BRAVE ENTERPRISES GROUP CONTRACTORS, INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION P14-92406  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 01/01/2015 (date of organization, formation or incorporation)  The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ALL BRAVE ENTERPRISES GROUP CONTRACTORS LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  (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 t	his <u>03</u>	_ day of MAY		20_19	
Signatu	re of Author	rized Representative	of Limite	d Liability Company:	
Signatur Printed N	e of Authoria Name: <u>BRAVE</u>	zed Representative: _ . RAYMOND	Dro	Title: CEO	
Signatu	re(s) on beha	lf of Other Business	Entity: IS	ee below for required signa	ture(s)
Signatur Printed 1	e: <del>PLC</del> Name: <u>BRAVE</u>	E, RAYMOND		MR 1312312	
Signatur Printed 1	e: Name:			Title:	
Signatur Printed i	e: Name:			Title:	
Signatur Printed 1	e: Name:			Title:	_ <del>_</del>
Signatur Printed I	re: Name:			Title:	
Signatur Printed 1	re: Name:			Title:	
Signatur	da Corporati re of Chairma tors or Office	on: n, Vice Chairman, Di rs have not been selec	rector, or C ted, an Inco	officer. Orporator must sign.	
	da General P re of one Gen	artnership or Limite eml Partner	ed Liability	Partnership:	
If Florid Signatur	da Limited P res of <u>ALL</u> G	artnership or Limite eneral Partners.	ed Liability	Limited Partnership:	
All other	e <u>rs:</u> re of an autho	rized person.			
Fees:					
	Articles of C Fees for Flor Certified Cop Certificate of	ida Articles of Orgar by:	nization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

19 JUN -7 AH 8: 12

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ALL BRAVE ENTERPRISES GROUP CONTRACTOR	SLLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5301 NW 17TH STREET	5301 NW 17TH STREET
LAUDERHILL, FL 33313	LAUDERHILL, FL 33313
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
BRAVE, RAYMOND	
Name	,
5301 NW 17TH STREET	
Florida street address (P.O	Box NOT acceptable)
LAUDERHILL	FL 33313
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate. I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
(CONTIN	TUED)  FLORENCE AND STATE  PROPERTY OF A THE STATE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	BRAVE, RAYMOND
	5301 NW 17TH STREET LAUDERHILL, FL 33313
<del></del>	
	9 JUN -7 AM 8: 12  AHASSEE TLORIDA
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance	r an authorized representative of a member be with section 605,0203 (1) (b), Florida Statutes. I am aware that nument to the Department of State constitutes a third degree felony
BRAVE, RAYMOND	vped or printed name of signee
	Filing Fees of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-

Company: