# L21000304465

(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:
W2100085237

Office Use Only



000363241500

05/05/21--01017--003 \*\*185.00





June 11, 2021

JOHN EDWARDS 309 E MILL CHASE CT PONTE VEDRA BEACH, FL 32082

SUBJECT: BRAVO ZULU ENTERPRISE LLC

Ref. Number: W21000085237

We have received your document for BRAVO ZULU ENTERPRISE LLC and your check(s) totaling \$185.00. 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 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.

Matthew T Moon Regulatory Specialist II Supervisor Signed +
page.



Letter Number: 821A00012961

### COVER LETTER

<b>TO:</b> New Filing Division of	Section Corporations		
SUBJECT:	Barre Zieler	Entry to	Braw Zul Enterprise
	(Name of Res	sulting Florida Limited (	Company)
			and fees are submitted to convert an "Othern accordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	g this matter to:	
	John Edwards		
	(Contact Person)		
	Barr Zolo Sar	meter BM	o Zulu Enterprise
	(Firm/Company)		
	304 E MILL C	HOSE CT	•
	(Address)	11110 01	
	0		77
	(City, State and Zip Code)	SEACH FL 3208	
	• •	. ``	
	brave zulu (eo(c)) be used for future annual re	gmal.com	
h-mail Address: (to	be used for future annual re	port notifications)	
	tion concerning this ma	=	
$\leq$	ohn Edhard ) tact Person)	904	540 - 1699
(Name of Con	tact Person)	(Area Code)	Daytime Telephone Number)
	for the following amount a bank located in the		eessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	es
Mailing Ad New Filing Division of P.O. Box 63 Tallahassee	Section Corporations 27	Ne Div Th	reet Address:  w Filing Section  vision of Corporations  e Centre of Tallahassee  15 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### 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:    Braw Volume Enterprise
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a UCC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Delawwe
(Enter state, or if a non-U.S. entity, the name of the country)
on April 26 2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Brave Zulu Enterprise LLC .  (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:
(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 day of MAy	2021
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Signature S	_ Title:CEO/OWN
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Sign here & Dunn	
Signature: Sign here A Jumbo Printed Name: JOHN 3. FDHARDS	Title: CEO OLIVER PAUTHORIZES REP
Signature: Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Timed Name.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

MI JUH 21 PM 2:39

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	:		
Bravo Zulu Enterprise LCC			
(Must contain the words "Limited Liabil	ity Company.	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal off	ice of the Limi	ted Liability Company is:
Principal Office Address:	Mailing	Address:	
JOH E MILL CHASE CT POWTE VEDRA BEACH, FL 32.82		SAME	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regions business entity with an active Florida registration.)			
The name and the Florida street address of the	_		
John Fo	lhwds 1e		
Nam	ne		
309 E	MILL C	HAJE CT	
Florida street address (P.C			
Poste vedra Be	ah fi	32087	
Ponte vedra Bel	<u>~ 115</u>	Zip	
Having been named as registered agent and liability company at the place designated to registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	n this certifi city. I furth performanc	icate, I hereby over agree to com we of my duties.	accept the appointment as aply with the provisions of all and I am familiar with and
Registered Agent's Sig	gnature (RE	QUIRED)	_
(CONTIN	NUED)		PILE SEE STORE
			239

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Rohn Edwards
AMBR	309 EMILL CHASE CT
	POUTE VEDRA BENCH FL 32.582
04.01	Charles Thered
AMP R	Stephane Edwards
	BUT VEDRA BEACH FL 32082
	lote to deliver in the second
	<del></del>
	57
(Use attachment if necessary)	LLI A IASS
(Ose attachment if necessary)	iu',
	P. P.
CLE V: Other provisions, if any.	<u> </u>
	<u> </u>
REQUIRED SIGNATURE:	
	1
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b). Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felon
	DOHN EDLARD)
Ty	vped 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)