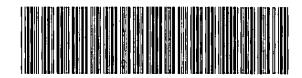
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only
S. CHATHAM APR - 8 2022



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# **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Brewar Ostage: Services LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Kyle Brewer  (Contact Person)  Brewer Outdoor Services, Inc.  (Firm/Company)  2249 Trylgail Dr. W.  (Address)
Jacksonville, FL 32225 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Kyle Brewer   at (904) 349 - 572   (Name of Contact Person)   (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
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 870  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:
Brewer Outdoor Services Fre- (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Scorperation (Enter entity type. Example: corporation, 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 6.2.21 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Brawer Outdoor Services, LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 3.14.22.  (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

5. 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 14 day of March	20 22
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: 1Cy Printed Name: 1Cy 16 Browner	Title: MGR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Grand Brown  Printed Name: Ky & Brown	Title: Prusident
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Brewer Outdoor (Must contain the words "Limited Liability	Services, LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2249 Trylgnil Dr. W. Jacksonville, FL 32225	Jacksonville, FL 32225
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Lyle Brawa.	
Name	<del></del>
2249 Ivylgail Florida street address (P.O.	$D_{r}$ . $\omega$ . Box <u>NOT</u> acceptable)
Tacksonville City	FL 32225
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Sign	ature (REQUIRED)  ASS 2
(CONTIN	UED)
	97 7

### ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Kyle Brower
	7 2749 Invigail Dr. W.
	Tacksonville, FL 32225
	,
	**************************************
	<del></del>
(Line	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
Signature of a member of This document is executed in accordance	r an authorized representative of a member the with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felority.
Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b). Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felon
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Signature of a member of any false information submitted in a doc as provided for in s.817.155. F.S.  Lyle Breed  This document is executed in accordance any false information submitted in a doc as provided for in s.817.155. F.S.	yped or printed name of signee  Filing Fees  of Organization and Designation of Registered
Signature of a member of any false information submitted in a doc as provided for in s.817.155. F.S.	yped or printed name of signee  Filing Fees  of Organization and Designation of Registered  \$\frac{2}{2} \text{Special}\$  \$\fr
Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155. F.S.  Lyle Breed T  \$125.00 Filing Fee for Articles	yped or printed name of signee  Filing Fees  of Organization and Designation of Registered