# L24000485846

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
W24000106413

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TALLAHASSEE, FLORIDA



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2024

ELIZABETH MANN 1000 W MCNAB RD STE 243 POMPANO BEACH, FL 33069 US

SUBJECT: ZRED1, LLC Ref. Number: W24000106413

There is a fee of \$125.00 due.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 724A00016140

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# **Articles of Conversion**

For

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# "Other Business Entity"

Into

# Florida Limited Liability Company

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

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Article ZRTd 1, LP	s of Conversion is:
ZRTd 1, LP  (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LIMITED PARTNEY25H1P  (Enter entity type. Example: corporation, limited partnership, general partnership, common	ı law or business trust. etc.)
First organized, formed or incorporated under the laws of	name of the country)
on VINC 20 2024 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	eles of Organization:
2Red 1: EEC (Enter Name of F)orida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	) calendar days after
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 appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	INALLAHASSEE, FLORIDA

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Signed this 13 day of CLUQUST	20 24			
Signature of Authorized Representative of Limit	ed Liability Company:			
Signature of Authorized Representative:  Printed Name: DY AM Zimmerman	The Manager			
Signature(s) on behalf of Other Business Entity	See below for required signature(s)]			
Signature: Printed Name: Uordan Zimmerman	Title: 4			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:	_ Title:			
Signature:				•
Printed Name:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.				
Signature of Chairman, Vice Chairman, Director, or C	orporator must sign.	F3	22	
Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability	v Partnership: v Limited:hip:	FALLANA	2024 OCT	-
Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability	v Partnership: v Limited:hip:	FALL AHASSEC, F	-2	
Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others:	v Partnership: v Limited:hip:	TALL ÁHASSEE, FLORIO		<u> </u>

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ZRed1, LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	

#### ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1000 W McNab Rd	1000 W MCNab Rd
Suite 243	Suite 243
Pompano Exerch FZ 33069	Pompano Beach, FL 33069

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:

<u> Pizabetn</u>	Mann		₩.	21	
Nan	ne		72* * ** [	2024 (	
1000 W MENAL	Rd # 2	43	HÉ As	OCI -	· 1
Florida street address (P.)	O. Box <u><b>NOT</b></u> :	acceptable)	SEE	2	Ī
Pompano Beau	) FL	33069	E.S.	<b>→</b>	: 
City		Zip	윤	Ō	١,
			<b>0</b> m		

Having been named as registered agent and to accept service of process for the above stated limited 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 all 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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 Manaev	Uprdan Zimmerman 1000 Work Nab Rd # 243 Pompano Brach, FL 33069
· .	
(Use attachment if a cossess)	
(Use attachment if necessary)  FICLE V: Other provisions, if any.	RELARASS
REQUIRED SIGNATURE:	9 17 TATE ORIOA
This document is executed in accordance wi	a authorized representative of a member ith section 605.0203 (1) (b). Florida Statutes. I am aware that nt to the Department of State constitutes a third degree felony
Flizabe	m mann
	d 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)