

P17000068305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

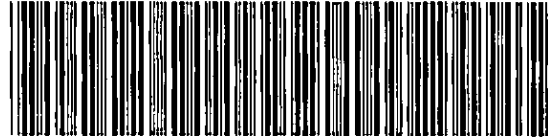
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/14/17--01029--012 **105.00

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17 AUG 14 AM 9:27
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CLERK OF COURT

T. BURCH

AUG 15 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: BUILDING RENTALS & APARTMENT ZONE LLC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

JOHN P HOLDER

Contact Person

EXECUTIVE MANAGEMENT & CONSULTANTS INTERNATIONAL

Firm/Company

7999 N FEDERAL HWY

Address

BOCA RATON, FLORIDA 33487

City, State and Zip Code

JOHNPHOLDER1@GMAIL.COM

~~—E-mail address: (to be used for future annual report notification)~~

For further information concerning this matter, please call:

JOHN P HOLDER

Name of Contact Person

at (561) 562-5179

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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17 AUG 14, AM 9:27
CLERK OF COURT
HALL COUNTY, FLORIDA

Certificate of Conversion For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity" into a Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

BUILDING RENTALS & APARTMENTS ZONE LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: limited liability company, 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 6/23/2017
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

BRAZ INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to nor more than 90 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.

Signed this _____ day of _____, 20_____.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: NATASHA BRAZ _____ Title: DIRECTOR _____

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: NATASHA BRAZ _____ Title: AMBR _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.

If Florida Limited Liability Company:
Signature of a Member or Authorized Representative.

All others:
Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

Page 2 of 2
ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: BRAZ INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
16810 WARD STREET
DETROIT, MI 48235

Mailing address, if different is:
100 E. LINTON BLVD
SUITE 301 B
DELRAY BEACH, FLORIDA 33483

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NATASHA BRAZ, DIRECTOR Name and Title: _____

Address: 255 E 89TH STREET Address: _____
BROOKLYN, NY 11236

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EXECUTIVE MANAGEMENT & CONSULTANT INTERNATIONAL LLC

Address: 7999 N FEDERAL HWY

BOCA RATON, FLORIDA 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: NATASHA BRAZ

Address: 255 E 89TH STREET

BROOKLYN, NY 11236

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

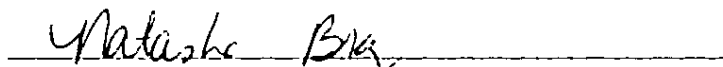


Required Signature/Registered Agent

08/09/2017

Date

submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

08/09/2017

Date