

L120000098339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ☒

Certificates of Status ☐

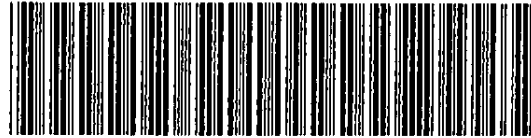
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Special Instructions to Filing Officer:

*file LLC only*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JUL 31 AM 9:31

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J. SAULSBERRY  
EXAMINER

JUL 31 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PLEASANT ACRES FARM, LLC.  
(Name of Resulting Florida Limited Company)

The enclosed Certificate 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. 608.439, F.S.

Please return all correspondence concerning this matter to:

Helen Barbazon

(Contact Person)

PLEASANT ACRES FARM

(Firm/Company)

2153 S.E. Hwy - 41

(Address)

Morrison, FL 32668-3060

(City, State and Zip Code)

PLEASANT ACRES FARM 1@gmail.com

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Helen Barbazon

(Name of Contact Person)

at (352) 528-2885

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☒ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PLEASANT ACRES FARM LLC.

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2153 S.E. US Hwy. 41  
Morrison, FL 32668-3060

Same

**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:

Helen Barbazon

Name

2153 S.E. US Hwy - 41

Florida street address (P.O. Box **NOT** acceptable)

Morrison FL 32668

City, State, and Zip

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*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 608, F.S.*

Helen Barbazon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

JOSEPH Barbazon  
2153 S.E. Hwy - 41  
Morrison Fl. 32668

MGRM

Helen Barbazon  
2153 S.E. Hwy - 41  
Morrison, Fl. 32668

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(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_  
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

**REQUIRED SIGNATURE:**

Helen Barbazon  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

HELEN BARBAZON  
Typed or printed name of signee