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(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: SOLPIER Workshop (Name of Resulting	o, PLLC
(Name of Resulting	Florida Limited Company)
	f Organization, and fees are submitted to convert an "Other ty Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this	s matter to:
Shannon Barrier (Contact Person) Barrier Workshop, Pli (Firm/Company)	
(Contact Person)	
1) arrier Murkshop PLL (Firm/Company)	<u>C</u>
4751 Compass DR. (Address)	
	·
Bradenton FL 34208 (City, State and Zip Code)	
	
Shannon @ bwas. clesian E-mail Address: (to be used for future annual report n	
E-mail Address: (to be used for future annual report n	otifications)
For further information concerning this matter,	please call:
Shannon Barrick at (lole2 415-2933
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (A dollars and drawn on a bank located in the United	All checks processed by this office must be payable in US ed States)
	180.00 Filing Fees Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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: Barrier Mulkshop PLC (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Professional United Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on $\frac{08/08/3013}{\text{(date of organization, formation or incorporation)}}$
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Barriek Workshop, PLIC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 09 01 2017. (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.
The plan of conversion has been approved in accordance with an 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	20
Signature of Authorized Representative of Lim	,
Signature of Authorized Representative: Printed Name: Shannen T. Barrier	Title: OWNER/ARCHITECT
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Shannon T. Ban RIED	2
Drinted Name: Shannal T Bang MIEN	Title Or Wallet (Magally ITC)
Frinted Name. 31/appendix 1. 130% Prisp	Title: UWNEW/ MARCHITECT
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	That are
Printed Name:	title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
ICEL (1. C)	
If Florida Corporation:	om
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	Officer.
in Directors of Officers have not been selected, an in-	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnershin:
Signature of one General Partner.	<u>-, - </u>
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
orginature of all authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Barrier Workshop, PLLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1680 Fruitville Rci 4751 Compass Dr. Sarasota, Fl 34236 Brancenton, Fl 34208
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: Shannon T. Barrier Name
H751 COMPASS DR. Florida street address (P.O. Box NOT acceptable)
Bradenton FL 34208 City Zip
City Zip
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.
Jan 2 Boi
Registered Agent's Signature (REQUIRED)
(CONTINUED)

ARTICLE	IV-

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	Shannon T. Barrier 4751 Compass Dr. Brackerton, Fr 34208
	7 890
	8: 5 .0
(Use attachment if necessary)	>
(,)	
LEV: Other provisions, if any. See attached clarifi of professional limit	ention for formation/designation
REQUIRED SIGNATURE:	~ ? Par
This document is executed in accordance any false information submitted in a document as provided for in s.817,155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony
, \/	T. Barriek
	yped or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

To Whom It May Concern:

As owner of BARRIER WORKSHOP, I am seeking a designation of PLLC (Professional Limited Liability Company) rather than LLC.

I am a registered Florida architect (# AR98000) and BARRIER WORKSHOP is an architectural design firm. Other states that I am registered within require the "Professional" or (P) to be added to the Limited Liability Company in order to dobusiness.

Thanks,

Shannon T. Barrier Owner/Architect

BARRIER WORKSHOP, PLLC.

Physical Address: 1680 Fruitville Rd. Sarasota, FL 34236 (662) 415-2933 17 AUG 21 - ELT 8: 50