L2000 125065

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	 Filing Officer:	

Office Use Only

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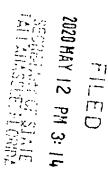
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T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 30, 2020

KEN BARRY 8356 VIALE CIRCLE NAPLES, FL 34114

SUBJECT: THE BARRY AGENCY, LLC

Ref. Number: W20000042955

We have received your document for THE BARRY AGENCY, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 620A00008954

Tyrone Scott Regulatory Specialist II New Filings Section

COVER LETTER

TO: New Divis	Filing Saion of C	ection orporations		•		
SHRHECT:	THe Barr	y Agency, LLC				
SOBJECT.		(Name of Res	ulting	g Florida Limite	d Com	pany)
The enclosed Business En	d Article: tity" into	s of Conversion, Artic a "Florida Limited Li	les o abili	f Organizatic ty Company	on, and `in ac	I fees are submitted to convert an "Other cordance with s. 605,1045, F.S.
Please return	all corre	espondence concerning	g this	s matter to:		
Ken Barry						
		(Contact Person)	-	 		
The Barry Ag	ency, LLC					
		(Firm/Company)				
8358 Viale Ci	rcle					
		(Address)				
Naples, FL 34	1114					
	((City. State and Zip Code)				
info@thebarn	yagency.d	com				
E-mail Add	lress: (to b	e used for future annual re	ort n	otifications)		
For further in	nformatio	on concerning this ma	ter,	please call:		
Ken Barry			at (,763	550-0	513
(Nam	e of Conta	ct Person)		\ 	(Dayı	time Telephone Number)
		or the following amou a bank located in the			rocess	ed by this office must be payable in US
S150.00 Fil (\$25 for Conve & \$125 for Art of Organization	rsion icles	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I I Certified Copy		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divis P.O.	Box 632	ection orporations]	New F Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

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: The Barry Agency, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
05/21/2001
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
The Barry Agency, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 23rd day of April	20
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	
Printed Name: Ken Barry	Title: President
Finited Name_Non-Dairy	Title: ************************************
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Ren Barry Printed Name: Fen Barry	
Printed Name: Ren Barry	IHIC: Fres, Ne17
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
0.1	
Signature:Printed Name:	Title
Primed Name:	Title.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabil	ity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
-	
	• •
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 I - Name:	
The name of the Limited Liability Compa	any is:
The Barry Agency, LLC	
(Must contain the words "Limited	d Liability Company, "L.L.C.," or "I.I.C.")
ARTICLE II - Address:	
The mailing address and street address of	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
8358 Viale Circle	8358 Viale Circle
Naples, FL	Naples, FL
34114	34114
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
The fame and the Florida street data to 55 c	
Ken Barry	
8358 Viale Circle	Name FIL

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)

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

City

Naples

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR & MGR	Ken Barry
	8358 Viale Circle
	Naples, FL 34114
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:-	_

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ken Barry

Typed 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)