L2000803855

(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:
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TO: New Filing S Division of C	• • • • • • • • • • • • • • • • • • • •	•	*	"	and the second	* • • • • • • • • • • • • • • • • • • •
SUBJECT: Red I	Horse Home Services,	LLC				
	(Name of R	Resulting Florida L	imited Con	npany)		-
The enclosed Article Business Entity" into		•				
Please return all corre	espondence concern	ing this matter t	o :			
John Barton						
<u> </u>	(Contact Person)					
Red Horse Home Sen	vices, LLC					
	(Firm/Company)					
PO Box #273						
	(Address)					
Englewood, FL 34223						
((City, State and Zip Code)				
bartonhomesllc@gma	il.com					
E-mail Address: (to b	e used for future annual	report notification	s)			
For further informati	on concerning this n	natter, please ca	11:			
Christina Barton		at (402	₎ 708-1	1229		
(Name of Conta	act Person)		ode) (Day	time Telepl	none Number)	-
Enclosed is a check f dollars and drawn on	•	•	-	sed by this	s office must b	oe payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	s □\$180.00 Fil and Certified		Certified	0 Filing Fees. Copy, and e of Status	
Mailing Add New Filing S			Street New I	Address	<u>:</u> :tion	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion

For

"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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: John Barton Home Services, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company Partnership
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
February 26, 2020 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Red Horse Home Services, 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.
document's enective 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.
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Signed this 2nd day of September 2020 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: ______Title: Managing Partner Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Printed Name: _____ Title: _____ Signature: ___ _ Title: Printed Name: ______ Signature: Printed Name: ______ Title: _____ Signature: Printed Name: _____ Title: ____ Signature: _____ Printed Name: Title: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. 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.

All others:
Signature of an 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)

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ALLABASSIE EN ABLE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	S:
Red Horse Home Services, LLC (Must contain the words "Limited Liabil	fity Company, "L.L.C.," or "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:
4090 Pelican Shores Circle	PO Box 273
Englewood, FL 34223	Englewood, FL 34223
business entity with an active Florida registration.) The name and the Florida street address of the Christina Barton Name	
4090 Pelican Shores Circle	
Florida street address (P.	O. Box NOT acceptable)
Englewood	FL 34223
City	Zip
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S.,
	7. (C. C. C

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

4090 Pelican Shores Circle	
Englewood, FL 34223	-
4090 Pelican Shores Circle	
Englewood, FL 34223	_
	-
	-
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	Englewood, FL 34223 4090 Pelican Shores Circle Englewood, FL 34223

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

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.

John Barton

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)