L2100005139

(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

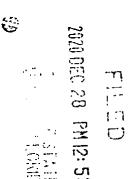
JAN 0 8 2021

T. SCOTT



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* COVER LETTER

TO: New Filing Se Division of Co				•
SUBJECT: DW Barro	-	-		
SUBJECT:	(Name of Res	alting Florida Lim	ited Com	рапу)
				d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
David Barron			_	
	(Contact Person)			
DW Barron Consulting	LLC			
	(Firm/Company)			
2615 S Atlantic Ave, St	uite 5-B		_	
	(Address)		_	
Daytona Beach FL 321	18			
(0	City, State and Zip Code)			
david.w.barron@gmail	.com			
E-mail Address: (to be	e used for future annual rep	ort notifications)	-	
For further information	on concerning this mat	ter, please call:		
David Barron		at (434	953-7	7704
(Name of Conta	et Person)		(Day	time Telephone Number)
	or the following amou a bank located in the		process	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addi New Filing So				Address: Filing Section

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

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Articles of Conversion

For

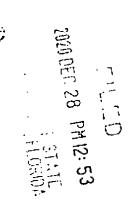
"Other Business Entity"

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: DW Barron Consulting 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.
Virginia Virginia
(Enter state, or if a non-U.S. entity, the name of the country)
8-18-2015
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DW Barron Consulting 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



Signed this 21	day of December, 2020	
	horized Representative of Limi	
Cimatum of Auth	orized Representative:	Comon-
Printed Name: Day	id Barron	Title: CEO
r inited tvame. Dav	ia denon	_ Title
Signature(s) on be	ehalf of Other Business Entity: [See below for required signature(s)]
	<u> </u>	
Signature:	il Danon	Title: CEO
Printed Name: Dav	id Barron	Title: CEO
Signature:		
Printed Name:		Title:
rimed (value		
Signature:		
Printed Name:		Title:
Claustin		
Drinted Mamor		Title:
rrinted Name		
Signature:		
Printed Name:		Title:
C'		
Signature:		Title:
Printed Name;		
If Florida Corpor	ration:	
	man, Vice Chairman, Director, or	
If Directors or Off	icers have not been selected, an Inc	corporator must sign.
ICEL aid Company	ıl Partnership or Limited Liabili	ty Partnership
Signature of one C		ty rarthership.
Signature or one c	Tellerar Farmer.	
If Florida Limited	d Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL	General Partners.	
A.11. A1		
All others: Signature of an au	thorized person	
Signature of an au	aiorized person.	
Fees:		
Articles o	f Conversion:	\$25.00
	lorida Articles of Organization:	\$125.00
Certified (_	\$30.00 (Optional)
	e of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame:		
The name of the	Limited Liability Compan	y is:	
DW Barron Consu		iability Company, "L.L.C.," or "LLC.")	
(Must contain the words. Limited L	nationary Company, L.E.C., or Case.)	
ARTICLE II - A		he principal office of the Limit	ed Liability Company is:
Principal Office	Address:	Mailing Address:	
2615 S Atlantic A	ve	2625 S Atlantic Ave	
Suite 5-B		Suite 5-B	
Daytona Beach F	L 32118	Daytona Beach FL 32118	
The name and th	2615 S Atlantic Ave, Suit	Name	2020 DEC 28 PH 12: 53
	Daytona Beach	32118	
	City	FL 32116 Zip	
liability con registered age statutes relai	mpany at the place designant and agree to act in this coing to the proper and compobligations of my position of the control of	and to accept service of process ted in this certificate, I hereby a capacity. I further agree to complete performance of my duties, as registered agent as provided as Signature (REQUIRED)	ccept the appointment as oly with the provisions of all and I am familiar with and

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR	David Barron
	2615 S Atlantic Ave, Suite 5-B
	Daytona Beach FL 32118
(11	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant.	ce with section 605.0203 (1) (b). Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document.	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am aware to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member	ce with section 605.0203 (1) (b). Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a doc as provided for in s.817.155, F.S. David Barron	ce with section 605.0203 (1) (b). Florida Statutes. I am aware t

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)