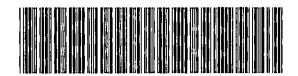
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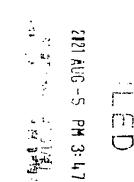
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| (Re                     | questor's Name)   |               |
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| (Ad                     | dress)            |               |
|                         |                   |               |
| (Address)               |                   |               |
|                         |                   |               |
| (Cit                    | y/State/Zip/Phone | e #)          |
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| PICK-UP                 | MAIT              | MAIL          |
|                         |                   |               |
| (Bu:                    | siness Entity Nan | ne)           |
| (==                     | <b>,</b>          | ·· <b>-</b> , |
|                         | cument Number)    |               |
| (00                     | cument mumbers    |               |
| 0.00.10                 | <b>O</b> - 4'8'4  |               |
| Certified Copies        | _ Certificates    | s of Status   |
|                         |                   |               |
| Special Instructions to | Filing Officer:   |               |
|                         |                   |               |
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2021

SCOTT VACHAL 15 VINTAGE WAY, #1526 FERNANDINA BEACH, FL 32034

SUBJECT: BARRUS HOLDINGS LLC

Ref. Number: W21000100387

We have received your document for BARRUS HOLDINGS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return 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.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 521A00017723

## COVER LETTER

| TO: New Filing Section Division of Corporations  |                                      |   |
|--|--------------------------------------|---|
| SUBJECT: Barrus Holdings LLC   |                                      |   |
| (Name of Re  | sulting Florida Lim                  | ited Company)   |
| The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited L   | _                                    | tion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerning  | ng this matter to:                   |   |
| Scott Vachal   |                                      |   |
| (Contact Person)   |                                      | 4 C2 ma   |
| Barrus Holdings LLC  |                                      |   |
| (Firm/Company)   |                                      |   |
| 15 Vintage Way, Apt. 1526  |                                      | 1 ····  |
| (Address)  |                                      |   |
| Fernandina Beach, FL 32034   |                                      | PH 3: 47  |
| (City, State and Zip Code)   |                                      | -   |
| svachal@protonmail.com   |                                      | ±.  |
| E-mail Address: (to be used for future annual r  | eport notifications)                 | _   |
|  |                                      |   |
| For further information concerning this ma   | atter, please call:                  |   |
| Scott Vachal   | at ( <u></u>                         | 439-0765  |
| (Name of Contact Person)   | (Area Code                           | e) (Daytime Telephone Number)   |
| Enclosed is a check for the following amo dollars and drawn on a bank located in the   |                                      | processed 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 Filing<br>and Certified Co |   |
| Mailing Address:   |                                      | Street Address:   |
| New Filing Section   |                                      | New ruing Section   |
| Division of Corporations P.O. Box 6327   |                                      | Division of Corporations The Centre of Tallahassee  |
| 1 A.A. DUX 9547  |                                      | THE CERTIC OF FAHAMASSEE  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### 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

| Statutes.   |                                  |
|---|----------------------------------|
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Art Barrus Holdings LLC   | icles of Conversion is:          |
| (Enter Name of Other Business Entity)   | <del></del>                      |
| 2. The "Other Business Entity" is a Limited Liability Company   |                                  |
| (Enter entity type. Example: corporation, limited partnership, general partnership, com   | mon law or business trust, etc.) |
| First organized, formed or incorporated under the laws of   | SA                               |
| 07/18/2018<br>on  | the hance of the country)        |
| (date of organization, formation or incorporation)  |                                  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached A   | rticles of Organization:         |
| Barrus Holdings LLC   |                                  |
| (Enter Name of Florida Limited Liability Company)   | <i>—∙</i>                        |
| 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 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 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  | s.                               |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appr<br>which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.   | raisal rights the amount to      |
| winch such memoers are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.  | 2121 AUG -5                      |
|   |                                  |

| Signed this 26 day of July  | 20 21                                     |                 |                       |     |
|---|---|-----------------|-----------------------|-----|
| Signature of Authorized Representative of Limit   | ted Liability Company:                    |                 |                       |     |
| Signature of Authorized Representative: Printed Name; Scott Vachal  | Title: Member Manager                     |                 |                       |     |
| Signature(s) on behalf of Other Business Entity:  | See below for required signature(s)]      |                 |                       |     |
| Signature: New Vac Laft Printed Name: Scott VACHAL  | Title: MEMBER MANAGER                     | -               |                       |     |
| Signature:Printed Name:   | Title:                                    |                 |                       |     |
| Signature:Printed Name:   | Title:                                    |                 |                       |     |
| Signature:Printed Name:   | _ Title:                                  |                 |                       |     |
| Signature:Printed Name:   | _ Title:                                  |                 |                       |     |
| Signature:Printed Name:   |   |                 |                       |     |
| Printed Name:   | _ Title:                                  |                 |                       |     |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liabilit Signature of one General Partner. | orporator must sign.                      |                 |                       |     |
| If Florida Limited Partnership or Limited Liabilit<br>Signatures of <u>ALL</u> General Partners.  | y Limited Partnership:                    | <i>‡</i>        | 212                   |     |
| All others: Signature of an authorized person.  |   | <b>फ़िक</b><br> | 2 <b>1</b> 21 AUG - 9 |     |
| <u>Fees:</u>  |   | - te            | 5 PH                  | [7] |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:   | \$25.00<br>\$125.00<br>\$30.00 (Optional) |                 | 3: 47                 | D   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company         | y is:                                 |                         |
|---|---------------------------------------|-------------------------|
| Barrus Holdings LLC   |                                       |                         |
| (Must contain the words "Limited Li                                 | ability Company, "L.L.C.," or "LLC.") |                         |
| ARTICLE II - Address: The mailing address and street address of the | ne principal office of the Limite     | d Liability Company is: |
| Principal Office Address:   | Mailing Address:                      |                         |
| 15 Vintage Way  | 15 Vintage Way                        |                         |
| Apt. 1526   | Apt. 1526                             |                         |
| Fernandina Beach, FL 32034  | Fernandina Beach, FL 320              | <u>34</u>               |
| The name and the Florida street address of t  Scott Vachal          |                                       |                         |
| N   | lame                                  |                         |
| 15 Vintage Way, Apt. 152  | 6                                     |                         |
|   | P.O. Box <u>NOT</u> acceptable)       |                         |
| Fernandina Beach  | FL 32034                              |                         |
| City  | Zip                                   |                         |
| Having been named as registered agent at                            |                                       |                         |

#### 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<br>MGR  | Scott Vachal  |
|   | 15 Vintage Way, Apt. 1526   |
|   | Fernandina Beach, FL 32034  |
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|   | \$ , 2  |
| (Use attachment if necessary)   | 21<br>8   |
|   | IZI AUG   |
|   | 1   |
| ARTICLE V: Other provisions, if any.  | <i>ب</i>  |
|   | <u> </u>  |
|   | <del></del>   |
| ····  | / sid ··· ±   |
| REQUIRED SIGNATURE:   |   |
| REQUIRED SIGNATURA.   |   |
| /em 1/1   | act al  |
|   |   |
| 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 docur as provided for in s.817.155, F.S. | ment to the Department of State constitutes a third degree felony |
| as provided for in 8.617.155, F.S.  |   |
| Scott Vachal  |   |

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)