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

Office Use Only

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D. O'KEEFE

AUG 19 2022

D. O'KEEFE

AUG 19 2022

COVER LETTER

Division of Corporations			
SUBJECT: Barfield Management LLC			
(Name of Re	sulting Florida Limit	ied Con	ipany)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited L	_		
Please return all correspondence concerning	ng this matter to:		
Chase Barfield			
(Contact Person)		-	
Barfield Management Inc.			
(Firm/Company)	-	•	
16400 US Hwy 331S, Suite B2 #282			
(Address)		-	
Freeport, FL 32439			
(City, State and Zip Code)		-	
cbarfield@barfieldmanagement.com			
E-mail Address: (to be used for future annual re	eport notifications)	-	
For further information concerning this ma	itter, please call:		
Chase Barfield	at (300.2	2321
(Name of Contact Person)	(Area Code)	(Day	time Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the	ant: (All checks p United States)	rocess	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S150.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐ \$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New I Divisi The C	t Address: Filing Section fon of Corporations Centre 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 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: Barfield Management Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation. limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
02/18/2019
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Barfield Management 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.

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Signe	d this <u>13</u>	day of February	20
Signa	ture of Aut	horized Representative of Lin	nited Liability Company:
Signat Printed	ture of Authorited Name: Cha	orized Representative: (NO)	Title President
Signat Signat	ture(s) on bo	ehalf of Other Business Entity:	[See below for required signature(s)]
Printec	l Name: <u>Cha</u>	se Barfield V	Title: Chairman
Signati	ure:	1 R-001	
Printed	I Name: Ama	nda Barfield	Title: Vice Chairman
Signate Printec	ure: J Name:		Title:
Signati Printec	are: l Name:		Title:
Signati Printec	ure: I Name:		Title:
Signati	ure:		
Printed	i Name:	<u> </u>	Title:
Signau	ida Corpor ure of Chaim ctors or Offi	ation: nan, Vice Chairman, Director, o cers have not been selected, an I	r Officer. ncorporator must sign.
<u>If Flor</u> Signati	ida General are of one G	l Partnership or Limited Liabi eneral Partner.	lity Partnership:
<u>If Flor</u> Signati	ida Limited ares of <u>ALL</u>	Partnership or Limited Liabi General Partners.	lity Limited Partnership:
<u>All oth</u> Signati		norized person.	
Fees:			
			\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - !	Vame:		
	Limited Liability Company	is:	
Barfield Manager			
	(Must contain the words "Limited Ligh	offity Company, "L.L.C.," or "LLC.")	
ARTICLE II -			
The mailing add	lress and street address of the	principal office of the Limited L	Liability Company is:
Principal Offic	e Address:	Mailing Address:	
16400 US Hwy 3	318	16400 US Hwy 331S	
Suite B2 #282		Suite B2 #282	
Freeport, FL 324:	39	Freeport, FL 32439	
business entity with	y Company cannot serve as its own Regard an active Florida registration.) ne Florida street address of the	red Office, & Registered Agent gistered Agent. You must designate an indi	vidual or another
ine mine and a		e registered agent are:	
	Amelia Beard		
	Nai	me	
	C/O Moorehead Law Group	, 6757 Hwy 98, Suite 102	
	Florida street address (P.	.O. Box <u>NOT</u> acceptable)	
	Santa Rosa Beach	FL 32459	
	City	Zip	
liability cor registered age statutes relai	mpany at the place designated nt and agree to act in this cap	I to accept service of process for the in this certificate, I hereby acceptacity. I further agree to comply we performance of my duties, and I registered agent as provided for its	of the appointment as with the provisions of all I am familiar with and
accept the	game a sy my painten as ,	egisterett agent as provincia jor a	n Chapter 605, F.S
accept the	QD.	L	- 9
accept the	Jes	gnature (REQUIRED)	n Chapter 605, F.S 2022 APR

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Chase Barfield

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Chase Barfield 16400 US Hwy 331S, Suite B2 #282 Freeport, FL 32439	- -
		- - -
	No. 100 PM.	2022 APR
	ASSEF. FI	-7
(Use attachment if necessary)	FLORIDE	AH 10: 30
RTICLE V: Other provisions, if any.		
REQUIRED SIGNATURE:		-
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fel	that lony

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)