123000 105632

(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:
(4) 3600 19843

Office Use Only



200400655242

01/24/23-01007-010-**128.00-

03/08/23--01023--001 **25.00

01/24/23-+01007+-010 +*125.00

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2023

C. ASHLEY DAVIS 36468 EMERALD COAST PKWY UNIT 6101 DESTIN, FL 32541

SUBJECT: REDFISH M2 299, LLC Ref. Number: W23000019843

2023 FE 124 PM 1: 19

We have received your document for REDFISH M2 299, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee for the conversion is \$150.00. Please a check or money order in the amount of \$25.00 to complete the process.

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.

Karen Lovelace Regulatory Specialist II

Letter Number: 823A00003479

2023 FEB 24 PH 6: 0

COVER LETTER

TO:	New Filing S Division of C					
SUBJ	FCT: Redfish	M2 229, LLC				
3000	De 1		sulting Florida Lir	nited Co	mpany)	
					nd fees are submitted to convene accordance with s. 605.1045, I	
Please	return all cor	respondence concernir	ng this matter to	:		
Cassie	Long					
	'	(Contact Person)				
South 1	Walton Law, P.,	A.				
		(Firm/Company)				
36468	Emerald Coast	Parkway, Unit 6101				
		(Address)		_		
Destin.	FL 32541					
	(1	City, State and Zip Code)		_		
cassie(@southwaltonla	w.com				
E-m	ail Address: (to b	e used for future annual re	port notifications)	-		
For fur	ther informati	on concerning this ma	tter, please call	;		
Cassie	Long		at (⁸⁵⁰	837-	0155 rtime Telephone Number)	
	(Name of Conta	ict Person)	(Area Cod	e) (Day	rtime Telephone Number)	
		or the following amou a bank located in the		proces:	sed by this office must be pay	able in US
\$ 25 for	.00 Filing Fees Conversion for Articles dization)	☐\$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 Division of Co	ection		New	t Address: Filing Section ion of Corporations	

INHS11 (7/17)

P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 =

The Centre of Tallahassee

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: Redfish M2 299, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
6/30/2020 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Redfish M2 299, 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.) Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument'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.

2023 FEB 24 PM 6: 08

Signed this day of	20 <u></u> 23
Signature of Authorized Representative of Ling	ited Liability Company:
Signature of Authorized Representative: Printed Name: Boyd Barrow	Title: Sole Member and Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: Boyd Barrow	Title: Sole Member and Manager
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

REFICES OF ORGANIZATION F	OR FLORIDA LIMIT ED LIABILIT I COMPANT
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
Redfish M2 229, LLC	
(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2078 US Hwy 98, Suite A105-136	2078 US Hwy 98, Suite A105-136
Santa Rosa Beach, FL 32459	Santa Rosa Beach, FL 32459
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
Boyd Barrow	

Name
2078 US Hwy 98, Suite A105-136

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

Santa Rosa Beach FL 32459

City Zip

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)

(CONTINUED)

2023 FEB 24 PM 6: 08
SECRETARY CESTATE
TALLAHAS SEE TATE

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR - Manager	Boyd Barrow
	2078 US Hwy 98, Suite A105-136
	Santa Rosa Beach, FL 32459
	35/14 / 1554 <u>3555</u> / ₁₁ / 2 52/ ₁₅
	
	· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
Signature of a member or: This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware the
Signature of a member or: This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the the Department of State constitutes a third degree felo
Signature of a member or any false information submitted in a docur as provided for in s.817.153. F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the
Signature of a member or any false information submitted in a document as provided for in s.817.153. F.S. Boyd Barrow	with section 605.0203 (1) (b), Florida Statutes. I am aware the next to the Department of State constitutes a third degree feld
Signature of a member or a member or a false information submitted in a document as provided for in s.817.153. F.S. Boyd Barrow	with section 605.0203 (1) (b), Florida Statutes. I am aware the the Department of State constitutes a third degree feloment to the Department of State constitutes a third degree feloment or printed name of signee
Signature of a member or: This document is executed in accordance any false information submitted in a document as provided for in s.817.153. F.S. Boyd Barrow	with section 605.0203 (1) (b), Florida Statutes. I am aware the the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding from the Department of State constitutes a third degree felding fro
Signature of a member or: This document is executed in accordance any false information submitted in a document as provided for in s.817.153. F.S. Boyd Barrow	with section 605.0203 (1) (b), Florida Statutes. I am aware the next to the Department of State constitutes a third degree feld ped or printed name of signee Filing Fees f Organization and Designation of Registered.