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(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL.
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(Dod	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only

W/Sww42243

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T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2015

MORGAN L COOK 12202 S. OLD JONES ROAD FLORAL CITY, FL 34436

SUBJECT: BARCO FARMS, INC. Ref. Number: W15000042243

We have received your document for BARCO FARMS, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 715A00012823

COVER LETTER

TO:	Charter Section Division of Cor				
SUBJE	BARCO FA	RMS, INC.	•	r	
SUBJE		Name of	Resulting Florida	Profit	Corporation
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Other Business 15, F.S.
Please	return all corresp	oondence concerning this	s matter to:		
MORG	AN L. COOK				
		Contact Person		_	
		Firm/Company		-	
12202 5	S. OLD JONES RO	DAD			
		Address		-	
FLORA	AL CITY, FL. 34	436			
		City, State and Zip Code	3	_	
MORG	ANC9739@GMA	IL.COM			
Е	-mail address: (t	o be used for future annu	ual report notifica	tion)	
For fur	ther information	concerning this matter,	please call:		
MORG	AN L. COOK		_at (697-30	054
	Name of Co	ontact Person	Area C	ode and	Daytime Telephone Number
Enclos	ed is a check for	the following amount:			
= \$10:	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filin and Certified Co		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New Fr Division Clifton 2661 E	ET ADDRESS: ilings Section on of Corporation Building xecutive Center assee, FL 32301			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion BARCO FARMS LLC — LOOD 343	on is:
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	
(Enter entity type. Example: limited liability company, 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)	
01/31/2006 on	
Enter date "Other Business Entity" was first organized, formed or incorporated	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of w organized, formed or incorporated: FLORIDA	hich it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>	
BARCO FARMS INC.	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date: (The effective on the date of filing, enter the effective date: (The effective on the date of filing).	
Department of State; AND 2) must be the same as the effective date listed in the attached Articles of if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date listed as the document's effective date on the Department of State's records.	Incorporation,

Signed	I this ²⁶ day of MAY		, 20	
Requi	red Signature for Florida Profi	t Corporation:		
Signati Incorp Printed	ure of Chairman, Vice Chairman orator: <u>YMMUN</u> H I Name: <u>MORGAN/L. COOK</u>	Director, Officer	r, or, if Directors or Officers have not be	een selected, an
			ntity: [See below for required signature	
Signati	ure: <u>xM07J4</u>	OK		
Printec	i Name: MORGAN L. COOK		Title: MANAGING MEMBER	
Signati	ure: X Kam D Lune	lly		
			Title: MANAGING MEMBER	
Printed	l Name:		Title:	
Signati	ure:			_
Printed	l Name:		Title:	
Signati	ure:			
			Title:	
Signati	ure:			_
Printec	l Name:		Title:	_
	rida General Partnership or Lin ure of one General Partner.	mited Liability P	artnership:	
If Flor Signati	rida Limited Partnership or Lin ures of <u>ALL</u> General Partners.	nited Liability L	imited Partnership:	
If Flor Signati	rida Limited Liability Company ure of a Member or Authorized R	<u>v:</u> Representative,		
All oth Signati	ners: ure of an authorized person.			
Fees:	Certificate of Conversion: Fees for Florida Articles of Inco Certified Copy: Certificate of Status:	-	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME BARCO FARMS INC	
The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
12202 S. OLD JONES ROAD	
FLORAL CITY, FL. 34436	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
CATTLE AND SEED PRODUCTION	
	
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ARTICLE IV SHARES 1,000	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIF	RECTORS
Name and Title: MORGAN L. COOK - PRESIDENT	Name and Title: KASON S. SUNDBERG - VICE PRES.
12202 S. OLD JONES ROAD	12202 S. OLD JONES ROAD
Address: 12202 3. OED JONES ROAD	Address:
FLORAL CITY, FL. 34436	FLORAL CITY, FL. 34436
Name and Title:	Name and Title:
Address:	Address:
	Address:
Name and Title.	Name and Title.
Name and Title:	Name and Title:
Address:	Address:

	e and Florida street address (P.Q. Box NOT acceptab	ole) of the registered agent is:	
Name:	MORGAN L. COOK		
Address:	12202 S. OLD JONES ROAD	• • •	
	FLORAL CITY, FL. 34436		
ARTICL			
The <u>name</u>	e and address of the Incorporator is:		
Name:	MORGAN L. COOK		
Address:	12202 S. OLD JONES ROAD		
	FLORAL CITY, FL. 34436		

× M	roman L. Cark	05/26/2015	
•	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated herein t to the Department of State constitutes a third degree		1 submitted in a
x M	101an Lov	05/26/2015	
-	Required Signature/Incorporator	Date	