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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

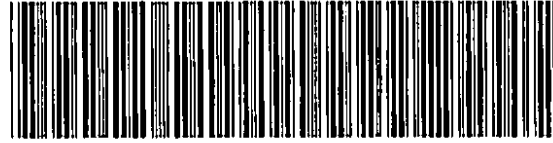
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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T. BURCH
DEC 26 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Barson Incorporated
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Barry H. Driggers
Contact Person

Barson Incorporated
Firm/Company

103 Oglethorpe Professional Court
Address

Savannah, GA 31406
City, State and Zip Code

Barsonone@Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry H. Driggers at (912) 354-8125
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

This Certificate of Conversion **and attached Articles of Incorporation** 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 is:

Barson Incorporated

Enter Name of Other Business Entity

2. The "Other Business Entity" is a S Corporation.
(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 Georgia
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/01/2009
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 which it is now organized, formed or incorporated:

Formed In Georgia (Has never changed)

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Barson Incorporated

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2018

(The effective date: Cannot be prior to nor more than 90 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.

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TALLAHASSEE, FLORIDA

Signed this 15th day of December, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Printed Name: Barry H. Driggers Title: CEO

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Barry H. Driggers

Printed Name: Barry H. Driggers Title: CFO

Signature: Barry H. Driggers

Printed Name: Barry H. Driggers Title: Secretary

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

ARTICLE I NAME

The name of the corporation shall be: Barson Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
522 Toulouse Drive
Punta Gorda Florida
33950

Mailing address, if different is:
Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Baron Incorporated is being formed, (transferred to the state of Florida) in order to engage in any lawful activity
allowed for under the states corporation stautes. The wording in the information documents may be as broad
as "all lawful business".

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barry H. Driggers CEO
Address: 522 Toulouse Dr
Punta Gorda FL. 33950

Name and Title: Barry H. Driggers CFO
Address: 522 Toulouse Drive
Punta Gorda FL. 33950

Name and Title: Barry H. Driggers Secretary
Address: 522 Toulouse Drive
Punta Gorda FL. 33950

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Barry H. Driggers
Address: 522 Toulouse Drive
Punta Gorda FL. 33950

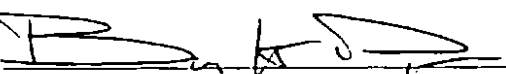
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barry H. Driggers
Address: 522 Toulouse Drive
Punta Gorda FL. 33950

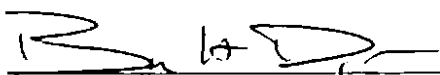
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TAMPA, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12-19-2017
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

12-19-2017
Date