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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

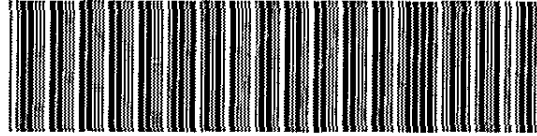
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oxymagic of Northwest Florida, L.L.C.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David A. Robinson

(Name of Person)

Oxymagic of Northwest Florida, L.L.C.

(Firm/Company)

2317 Oak Crest Circle

(Address)

Miami , OK 74354

(City/State and Zip Code)

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For further information concerning this matter, please call:

David A. Robinson

(Name of Person)

at (918) 540-0444

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Oxymagic of Northwest Florida, L.L.C.
(Name of Foreign Limited Liability Company)

2. Oklahoma 3. 30-0375418
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8/9/06 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2317 Oak Crest Circle
Miami, OK 74354
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

David A. Robinson

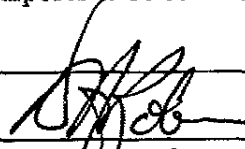
2317 Oak Crest Circle

Miami, OK 74354

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Carpet Cleaning



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David A. Robinson

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Oxymagic of Northwest Florida, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

George W. Hess

(Name)

31 Manor Drive

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Pensacola,

FL 32507

City/State/Zip

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TALLAHASSEE, FLORIDA

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 608, Florida Statutes.

George W. Hess
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



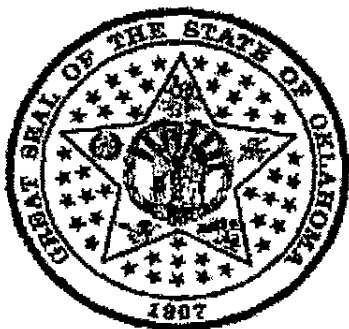
CERTIFICATE

I THE UNDERSIGNED, Secretary of State, of the State of Oklahoma do hereby certify that, to the date of this certificate, the attached is a true and correct copy of the document on file as described below of:

NAME OF ENTITY
OXYMAGIC OF NORTHWEST FLORIDA, L.L.C.

DOCUMENT TYPE
Articles of Organization

DOCUMENT FILING DATE
August 11, 2006



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 6th day of September 2006.

M. Susan Savage

Secretary Of State

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE
OF
LIMITED LIABILITY COMPANY**

WHEREAS, the Articles of Organization of

OXYMAGIC OF NORTHWEST FLORIDA, L.L.C.

an Oklahoma limited liability company has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
11th day of August, 2006,*

M. Susan Savage

Secretary of State

08/11/2006 11:07 AM

OKLAHOMA SECRETARY OF STATE



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**ARTICLES OF ORGANIZATION
OF AN
OKLAHOMA LIMITED LIABILITY.**

**TO: THE OKLAHOMA SECRETARY OF STATE
2300 N. Lincoln Blvd., Room 101, State Capitol Building
Oklahoma City, Oklahoma 73105-4897**

The undersigned, for the purpose of forming a limited liability company under the Oklahoma Limited Liability Company pursuant to the provisions of 18 O.S., Section 2004, does hereby execute the following articles:

1. The name of the limited liability company is OXYMAGIC OF NORTHWEST FLORIDA, LLC, (the "Company").
2. The street address of its principal place of business, wherever located 2317 Oak Crest Circle, Miami, Oklahoma 74354.
3. The name and street address of the resident agent in the State of Oklahoma: David A. Robinson, 2317 Oak Crest Circle, Miami, Oklahoma 74354
4. The term of existence: August 1, 2066

Articles of organization must be signed by at least one person who need not be a member of the limited liability company.

Signature:  Dated: 8/9/06

Type or Print Name: David A. Robinson

Address: 2317 Oak Crest Circle, Miami, Oklahoma 74354

RECEIVED

AUG 11 2006

OKLAHOMA SECRETARY
OF STATE