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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	()
PICK-UP	TIAW	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		
\$55,614,	,671	
Office Use Only		
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COVER LETTER

TO: Registration in Division of C			
SUBJECT:	Cleaning, Paintin	g, Repair & More	
	(Name of Limited	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corre	spondence concerning this matte	τ to the following:	
	Clarence	e Willard	
		Name of Person)	
	Cleaning, Pain	ting, Repair & Mor	·e
	(Firm/Company)	
	876 Bonapa	rte Landing Cour	t
		(Address)	
	Jacksonville	e, Florida, 32218	
	(City	/State and Zip Code)	
For further information	n concerning this matter, please	call:	
Claren	ce Willard		or (904) 714-3556
(Nar	ne of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fe	e \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2005

CLARENCE WILLARD 876 BONAPARTE LANDING COURT JACKSONVILLE, FL 32218

SUBJECT: CLEANING, PAINTING, REPAIR & MORE

Ref. Number: W05000053007

We have received your document for CLEANING, PAINTING, REPAIR & MORE and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 805A00069764

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CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

to a Florida limited liability company:		
FIRST: The name of the unincorporated business immediately prior to filing this document was: Cleaning, Painting, Repair & More		
Cleaning, Painting, Repair & More LLC		
Signature of a Member or an Authorized Representative of a Member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
Clarence Willard		
Typed or Printed Name of Signee		

FILING FEES:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Filing Fee for Registered Agent Designation

\$ 25.00 Filing Fee for Certificate of Conversion

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company	is:			
Cleaning Pointing Renai	r and Mara LLC			
Cleaning, Painting, Repair and More LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:			
The maning address and street address of the	principal office of the Elimited Diability Company is.			
Principal Office Address:	Mailing Address:			
876 Bonaparte Landing Court	P.O. Box 351092			
Jacksonville, Florida, 32218	Jacksonville, Florida, 32235			
The name and the Florida street address of the				
Name				
876 Bonaparte Landing Court				
	address (P.O. Box NOT acceptable)			
Jacksonville, City, Stat	FL_, 32218			
City, Stat	e, and Zip			
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S			
Registered Agent's Sig	nature (REQUIRED)			

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Clarence Willard 876 Bonaparte Landing Court Jacksonville, Florida, 32218 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Clarence Willard Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)