

L06000039982

(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:

Only 1 can serve as RA  
Need LLC suffix on conversion

INC-LLC conversion

Office Use Only

POS-407

*(Signature)*



400068977444

03/30/06--01056--023 \*\*185.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR 17 PM 2:59

NOTED  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2006

EDWARD MCINNIS  
46 PRADO AVENUE  
ST. AUGUSTINE, FL 32084

SUBJECT: ED MCINNIS INC  
Ref. Number: P05000000407

We have received your document for ED MCINNIS INC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person may serve as registered agent for a corporation or LLC. Please remove one name from the registered agent area of the articles of organization.

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) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 906A00022989

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McInnis FLOOR COVERING L.L.C.  
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Edward L. McInnis  
(Contact Person)  
McInnis FLOOR COVERING  
(Firm/Company)  
46 PRADO AVE  
(Address)  
OT. Augustine FL 32084  
(City, State and Zip Code)

For further information concerning this matter, please call:

Sonya L. McInnis at ( 603 ) 986-1908  
(Name of Contact Person) (Area Code and Daytime Telephone Number)  
Edward I. McInnis  
SAME

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|---|---|---|---|

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

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

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

ED McINNIS INC  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION.  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, 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)

on 01/03/2005  
(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:

St. John's

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

McINNIS FLOOR COVERING LLC  
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date:\_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 28 day of March 2006.

Signature of Authorized Person: Sonya L. McInnis - Edward McInnis

Printed Name: Sonya L. McInnis Title: OFFICER/DIRECTOR Detail V.P

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

APPROVED  
AND  
FILED  
06 APR 17 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

McInnis Floor Covering L.L.C

(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:

### Principal Office Address:

Edward McInnis (Pres)  
Sonya L. McInnis (VP)

### Mailing Address:

46 PRADO AVE  
SAINT AUGUSTINE FL  
32084

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Edward McInnis  
46 PRADO AVE SAINT AUGUSTINE FL  
Florida street address (P.O. Box NOT acceptable)  
St. Augustine FL 32084  
City, State, and 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 608, F.S.

Edward McInnis  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

EDWARD, McInnis  
46 PRADO AVE  
St. Augustine FL 32084

MGRM

Sonya L. McInnis  
46 PRADO AVE  
St. Augustine FL 32084

(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:**

Edward McInnis  
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.)

Edward McInnis  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**