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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

## FLORIDA/FOREIGN LIMITED LIABILITY CO

## COMPETITION CARPET CARE LLC

Certificate of Status	0
Certified Copy	0
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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

COMPETITION CARPET CARE LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

200 SW 14TH AVE  
CAPE CORAL, FL 33991

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

ROBERT LEE BARNES II  
200 SW 14TH AVE  
CAPE CORAL, FL 33991

Having been named as registered agent 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 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..



ROBERT LEE BARNES II/ Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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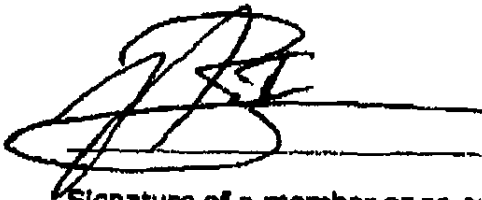
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**ARTICLE V**

The name(s) and address(es) of the managing members of the LLC are:

Managing Member: ROBERT LEE BARNES II  
200 SW 14TH AVE  
CAPE CORAL, FL 33991



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.)

ROBERT LEE BARNES II  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

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