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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 AUG 22 PM 2:01

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## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cut Above Cleaning, Inc.**

The enclosed Certificate of Conversion and fee(s) to convert a Florida Profit Corporation into an "Other Business Entity" in accordance with s. 607.113, F.S.

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:

Robert Cahill  
Cut Above Cleaning, LLC  
110 Capri Cove East  
Niceville, FL 32578

For Further Information concerning this matter, please call:

Robert Cahill at 850.855.0714

<b>Fees:</b>	<b>\$ 35.00</b>	<b>Certificate of Conversion for Florida Profit Corporation into Other Business Entity</b>
	<b>\$ 25.00</b>	<b>Certificate of Conversion for Other Business Entity into Florida LLC</b>
	<b><u>\$ 125.00</u></b>	<b>Limited Liability Company Articles of Organization</b>
	<b>\$185.00</b>	

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 AUG 22 PM 2:00

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** 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:

Cut Above Cleaning, Inc.

PO6-63927

2. The "Other Business Entity" is a \_\_\_\_\_ Corporation

first organized, formed or incorporated under the laws of \_\_\_\_\_ Florida

on \_\_\_\_\_ May 4, 2006

3. In 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:

N / A

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

Cut Above Cleaning, LLC

5. Effective on the date of filing,

(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 Monday 14 day of August 20 06

Signature: Robert J. Cahill

Printed Name: Robert Cahill Title: Member

Fees: Filing Fee: \$25.00  
Certified Copy: \$8.75 (Optional)  
Certificate of Status: \$8.75 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is:

Cut Above Cleaning, 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:

Principal Office Address:

110 Capri Cove East

Niceville, FL 32578

Mailing Address:

110 Capri Cove East

Niceville, FL 32578

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### 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:

Robert Cahill

Name

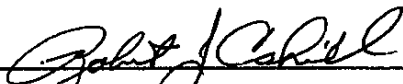
110 Capri Cove East

Florida street address (P.O. Box NOT acceptable)

Niceville, FL 32578

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..*



Registered Agent's Signature (REQUIRED)

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

The name and address of each manager or Managing Member

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Robert Cahill

110 Capri Cove East

Niceville, FL 32578

(Use attachment if necessary)

**ARTICLE V: Effective 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 80 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.)

Robert Cahill

Typed or printed name of signee

**Filing Fee:**

\$125.00 Filing Fee for Articles of Organization and Designation  
\$30.00 Certified Copy (Optional)  
\$5.00 Certificate of Status (Optional)