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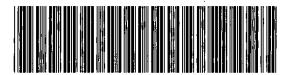
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

Division of Corporations	
SUBJECT: Clarkes Spray (Name of Resulting	Company LLC. g Florida Limited Company)
The enclosed-Certificate of Conversion, A convertion "Other Business Entity" into a accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted to Florida Limited Liability Company" in
Please return all correspondence concerning	ng this matter to:
Johnny and Trisha Cla (Contact Person) Clarke's Spray Company (Firm/Company)	y LLC
1524 Wildrose lane	
Day Tona Boach, Flor (City, State and Zip Code)	ida 32117.
For further information concerning this ma	atter, please call:
Johnny & Trisha Clar Ke (Name of Contact Person)	at (386) 258-1163. (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	unt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P. O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
Clarke's Spray Company LLC. (Must end with the words "Limited Liability Company," t	the abbreviation "L.L.C.," or the designation	
ARTICLE II - Address: The mailing address and street address of the Liability Company is:	ne principal office of the Limited	
Principal Office Address:	Mailing Address:	
1524 Wildrose Lane Daytona Beach Florida 32117	1524 Wildrose Lane Daytona Beach, Florida 32117	
	Service (1) Communication (1)	<u></u>
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own I individual or another business entity with an active Florida registration.)	Registered Agent. You must designate an	IVISION OF
The name and the Florida street address of t	ہ ف	RY OF SIA
Trish	a Clarke	30
<u></u>	lame 3	2.2> 2.00
1524 Wildrose Lane		ייינ ב
Florida street address (l	P.O. Box NOT acceptable)	
Daytona Beach	FL 32117	
City	State and Zin	

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)

(CONTINUED)

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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:
President	Johnny Clarke
	1524 Wildrose Lane
	Daytona Beach, Florida 32117
Vice-President	Trisha Clarke
VIOO I TOSIGENE	1524 Wildrose Lane
	Daytona Beach , Florida 32117
,, 	
	(Use attachment if necessary)
LE V: Effective date, if other than t	•,
LE V: Effective date, if other than t	the date of filing: (OPTIONAL)
fective date: 1) cannot be prior to nt is filed by the Florida Departn	the date of filing:
Sective date: 1) cannot be prior to nt is filed by the Florida Departmentive date listed in the attached isted therein.) REQUIRED SIGNATURE:	OPTIONAL) o nor more than 90 days after the date this nent of State; AND 2) must be the same a Certificate of Conversion, if an effective
Sective date: 1) cannot be prior to the still by the Florida Departmentive date listed in the attached isted therein.) REQUIRED SIGNATURE: Signature of a member or an analysis of this document constitutes an	the date of filing: (OPTIONAL) to nor more than 90 days after the date thinent of State; <u>AND</u> 2) must be the same a

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)