L09000012341

| (Requestor's Name) |
|-----------------------------------------|
| (Requestors 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: |
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Office Use Only



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02/05/09--01033--009 **150.00

2009 FEB - 5 AM II: 45

C. LEWIS

FEB 6 2009

EXAMINER

COVER LETTER

TO: Registration Section

| Division of C | corporations | | | | |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-------------|------------------------------|-------------|-----------------------------------------------------------------------|
| SUBJECT: Lovad | | F1:1 | . T : :- 1 C | <u></u> | |
| | (Name of Resulting | Florida | a Limited C | ompany) | |
| | isiness Entity" into a " | | _ | - | and fees are submitted to ity Company" in |
| Please return all corr | espondence concernin | g this | matter to: | : | |
| Kelli Eskew | | | | _ | |
| | (Contact Person) | | | _ | |
| Lovadu's | | | | | |
| | (Firm/Company) | | | | |
| 334 East Lake Road # | 302 | | | | |
| | (Address) | | <u>.</u> | _ | |
| | • | | | | |
| Palm Harbor, FL 3468 | | | | | |
| (4 | City, State and Zip Code) | | | | |
| For further informati | on concerning this ma | tter, p | lease call: | | |
| Kelli Eskew | | at (| 813 | 749- | 0010 |
| (Name of Conta | ct Person) | (_ | (Area Cod | e and Da | ytime Telephone Number) |
| Enclosed is a check f | for the following amou | ınt: | | | |
| 2 \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | | 80.00 Filing Certified Co | | \$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS | S: | | MAIL | ING A | ADDRESS: |
| Registration Section | | | | | Section |
| Division of Corporat | ions | | Divisi | on of C | Corporations |
| Clifton Building | | | | Box 632 | |
| 2661 Executive Cent | | | Tallah | assee, | FL 32314 |
| Tallahassee, FL 323 | U1 | | | | |

FILED

<u>Certificate of Conversion</u>

For

"Other Business Entity"

Into

Florida Limited Liability Company

2009 FEB - 5 AM II: 45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

| LOVAGO | 's (formerly known as Bathrooms For Kids) |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (Enter Name of Other Business Entity) |
| 2. The "Othe | r Business Entity" is a sole proprietorship |
| (Enter enti | y type. Example: corporation, limited partnership, sole proprietorship, |
| | general partnership, common law or business trust, etc.) |
| first organize | d, formed or incorporated under the laws of Florida |
| J | (Enter state, or if a non-U.S. entity, the name of the country) |
| | |
| on June 12th, | 2008 |
| | 2008 e "Other Business Entity" was first organized, formed or incorporated) |
| (Enter dat 3. If the juris | |
| (Enter dat 3. If the juris under the law | e "Other Business Entity" was first organized, formed or incorporated) diction of the "Other Business Entity" was changed, the state or country |
| (Enter dat 3. If the juris under the law n/a 4. The name | diction of the "Other Business Entity" was first organized, formed or incorporated) s of which it is now organized, formed or incorporated: of the Florida Limited Liability Company as set forth in the attached |
| (Enter dat 3. If the juris under the law n/a 4. The name Articles of O | diction of the "Other Business Entity" was first organized, formed or incorporated) s of which it is now organized, formed or incorporated: of the Florida Limited Liability Company as set forth in the attached |
| 3. If the juris under the law | diction of the "Other Business Entity" was first organized, formed or incorporated) s of which it is now organized, formed or incorporated: of the Florida Limited Liability Company as set forth in the attached |
| (Enter date of the juris under the law n/a 4. The name Articles of O | diction of the "Other Business Entity" was first organized, formed or incorporated) s of which it is now organized, formed or incorporated: of the Florida Limited Liability Company as set forth in the attached rganization: |

| Signed this 2nd day of February | 20 09 . | |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------|
| Signature of Member or Authorized Representa | ative of Limited Liability Company: | |
| Signature of Member or Authorized Representative Printed Name: Kelli Eskew | e: K. Our Esten | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s).] | |
| Signature: Le C Este Printed Name: Kelli Eskew | Title: Owner | |
| | | |
| Signature:Printed Name: | Title: | |
| Signature: | | |
| Signature:Printed Name: | Title: | |
| Signature: | | |
| Signature: Printed Name: | Title: | |
| Signature: Printed Name: | | |
| Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | Title: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: | |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: | |
| All others: Signature of an authorized person. | 2009 7811 | |
| Fees: | 2009 FEB- | |
| Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | E III "SAN EL "POP |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------|
| The name of the Limited Liability Company is: | f t | |
| Lovadu's LLC | | |
| (Must end with the words "Limited Liability Company," the abb "LLC.") | reviation "L.L.C.," or the design | nation |
| ARTICLE II - Address: | z, <u> </u> | : |
| The mailing address and street address of the pri | ncipal office of the Lim | ited |
| Liability Company is: | 1 | . [|
| | ' - <u>च</u> ी | |
| Principal Office Address: | Mailing Address: | Б. ≉а |
| 334 East Lake Road #302 | 334 East Lake Road #30 | 02 |
| Palm Harbor, FL 34685 | Palm Harbor, FL 34685 | Ž |
| ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Registe individual or another business entity with an active Florida registration.) The name and the Florida street address of the re Kelli Eskew Name 1206 Forestwood Drive Florida street address (P.O. I | red Agent. You must designate | |
| Oldsmar, FL 34677 | FL. | |
| 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)

(CONTINUED) Page 1 of 2

| Title: | Name and Address: | ENTER 5 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| "MGR" = Manager | Ivanie and Address. | No. |
| "MGRM" = Managing Member | 1 | MILATRES |
| | | TOUL Line |
| MGR | Kelli Eskew | <i>;</i> |
| | 1206 Forestwood Drive | |
| | Oldsmar, FL 34677 | |
| | , | |
| MGRM | Kyle Eskew | |
| | 1206 Forestwood Drive | |
| | Oldsmar, FL 34677 | |
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| * | | |
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| | (Use attachment if neces | |
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| ective date: 1) cannot be prior to a nt is filed by the Florida Departme ctive date listed in the attached C | (OPTION/ nor more than 90 days after ent of State; <u>AND</u> 2) must b | the date this e the same as f an effective |
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Page 2 of 2