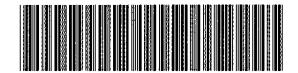
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(Requestor's Name)				
(Address)				
	(Address)			
(City/State/Zip/Phone #)				
PICK-	UP WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Eiling Office TS				
	MAR -3 2009			

Office Use Only

EXAMINER

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REBANTHENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Spylc-N-Span Carpet Man (Name of Resulting Florida Limited Company)					
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted 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:					
Steven Tucker (Contact Person)					
Steven Tucker (Contact Person) Spick N-Span Carpet Man (Firm/Company)					
P.O. Box 3224 (Address) 32317 Tallahastee, FL 2245 (City, State and Zip Code)					
Tallahastee, FL 2245 (City State and Zin Code)					
For further information concerning this matter, please call:					
	a Code and Daytime Telephone Number)				
(Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount:					
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles : of Organization) \$\$155.00 Filing Fees and Certificate of : \$180.00 and	Filing Fees ed Copy Certified Copy, and Certificate of Status				
Registration Section R Division of Corporations D Clifton Building P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314				

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Spicion Spin Carpet Man (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Fictions News</u> (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 FLOPIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on <u>2/19/09</u> . (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:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Spicic N-Span Carpet Man LCC (Enter Name of Florida Limited Liability Company)
(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.)
Page 1 of 2 HASSEE ARY OF ARTHUR PROPERTY OF ARTHU

Signed this day ofFEB	20 09 .			
Signature of Member or Authorized R	epresentative of Limited Liability Company:			
Signature of Member or Authorized Repr Printed Name: Steven Tucker	resentative: <u>Novem Tucken</u> Title: <u>April Manages</u>			
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]			
Signature: Steven Tucker Printed Name: Steven Tucker	Title:			
Signature: Printed Name:	Title:			
	Title:			
	Title:			
	Title:			
Signature:				
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Di If Directors or Officers have not been select If Florida General Partnership or Limite Signature of one General Partner.	eted, an Incorporator must sign.			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.	•			
Fees:	7.0			
Certificate of Conversion: Fees for Florida Articles of Organ Certified Copy: Certificate of Status:	\$25.00 nization: \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lim	nited Liability Company	y 1S:	
Spick 10- (Must end with the words " "LLC.")	Span Carpo Limited Liability Company," t	ch Man, LL.C.," or the designation	_
ARTICLE II - Add The mailing address Liability Company is	and street address of th	he principal office of the Limited	
Principal Office Ad	dress:	Mailing Address:	
324 Glenview Tallahassee	Dr Florida 32303	P.O. Box 3224 Tallahassee Florida 32315	_
Signature:	pany cannot serve as its own F	tered Office, & Registered Agent Registered Agent. You must designate an	.'s
The name and the Flo	orida street address of t	the registered agent are:	
<u>1</u>	Steven T 324 Ellervio Florida street address (1	P.O. Box NOT acceptable)	
	City	FL 32303 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 the service of my position as registered agent as provided for the service of the serv

Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

09 MAR - 3 AM 9: 59

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGPM	Steven Tucker 3201 GILENVIED Dr Tamahasce, FL 32303
	(Use attachment if necessary)
RTICLE V: Effective date, if other than the of the effective date: 1) cannot be prior to not ocument is filed by the Florida Department in effective date listed in the attached Ce ate is listed therein.)	(OPTIONAL) or more than 90 days after the date this t of State; <u>AND</u> 2) must be the same as
REQUIRED SIGNATURE:	
Steven Tucken	
Signature of a member or an auth	norized representative of a member.
of this document constitutes an affi	18(3), Florida Statutes, the execution rmation under the penalties of perjury ed herein are true.)
Steven	Tucker Disperse
Typed or printe	
Filing Fees:	3 SEE O 3 M
\$125.00 Filing Fee for Articles of of Registered Agent	Organization and Designation 55 9 5
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 o	ional)