L090000 35897

(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



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04/13/09--01023--011 **150.00

2009 APR 18 AH 9: 05

M. THOMAS

APR 15 2009

EXAMINER

COVER LETTER

TO: Registration Section

Division of C	Corporations		
SUBJECT: COVE	ERSION FROM P (Name of Resulting	ROFIT INTO LL Florida Limited Compa	
	isiness Entity" into a "		on, and fees are submitted to bility Company" in
Please return all corre	espondence concernin	g this matter to:	HASSEL
DEMETRIUS JONES			
	(Contact Person)		93
D'XTREME DETAILING	3 INC		- Contraction of the contraction
DANLINE DETAILIT	(Firm/Company)		
4000 11144 400 07			
1830 NW 133 ST	(Address)		
	(Address)		
MIAMI, FLORIDA 3316	67		
((City, State and Zip Code)		
For further information	on concerning this ma	tter, please call:	
DEMETRIUS JONES		at (305) 4	09-9282
(Name of Conta	ict Person)		Daytime Telephone Number)
Enclosed is a check f	for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fee and Certified Copy	Certificate of Status
STREET ADDRESS	S:	MAILING	G ADDRESS:
Registration Section		Registration	
Division of Corporat	ions	Division o	of Corporations
Clifton Building		P. O. Box	6327
2661 Executive Cent		Tallahasse	e, FL 32314
Tallahassee, FL 323	01		

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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

Certificate of Conversion is: D'XTREME DETAILING INC.	P07-128378	*
(Enter Na	fame of Other Business Entity)	
2. The "Other Business Entity" is a	a CORPORATION	·
(Enter entity type. Example: co	orporation, limited partnership, sole propr	ietorship,
general partnershi	nip, common law or business trust, etc.)	TALL TALL
first organized, formed or incorpora	rated under the laws of FLORIDA	<u> </u>
(Enter state, or if a n	non-U.S. entity, the name of the country)	HASS HASS
on November 30, 2007	·	E.C.
(Enter date "Other Business En	Intity" was first organized, formed or incor	porated)
3. If the jurisdiction of the "Other I under the laws of which it is now of	Business Entity" was changed, the state or coorganized, formed or incorporated:	untry 57
N/A		•
4. The name of the Florida Limited Articles of Organization:	d Liability Company as set forth in the attach	ed
D'XTREME DETAILING LLC.		•
(Enter Name of	Florida Limited Liability Company)	
5. If not effective on the date of file		·
document is filed by the Florida I	prior to nor more than 90 days after the day Department of State; <u>AND</u> 2) must be the sed Articles of Organization, if an effective d	ame as the

Signed this <u>07</u>	day of APRIL	20 <u>09</u> .
Signature of N	Member or Authorized Represent	tative of Limited Liability Company:
Signature of M	lember or Authorized Representative	ve: V
		Title: CEO
Signature: 2	2nt 6	[See below for required signature(s).]
Printed Name:	DEMETRIUS JONES	Title: CEO
Signature:		
Printed Name:		Title:
Signature:		Title:
rimed rame	· · · · · · · · · · · · · · · · · · ·	
Signature:		~
Printed Name:_		Title:
Signature:		
Printed Name:_		Title:
		· · · · · · · · · · · · · · · · · · ·
Signature:		Title:
rinted Name		
<u>If Florida Cor</u>		85 65
	airman, Vice Chairman, Director, or	
If Directors or 6	Officers have not been selected, an Ir	ncorporator must sign.
	eral Partnership or Limited Liabil e General Partner.	ity Partnership:
	ited Partnership or Limited Liabil LL General Partners.	ity Limited Partnership:
All others: Signature of an	authorized person.	
Fees:		
Fees fo Certifie	eate of Conversion: r Florida Articles of Organization: ed Copy: eate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E DETAILING LLO words "Limited Liability Comp	O. many," the abbreviation "L.L.C.," or the designation "L.L.C.,"	#tion
ARTICLE II - The mailing ad Liability Comp	dress and street address	s of the principal office of the Limit	ed
Principal Offic	ce Address:	Mailing Address:	
		4000 NW 400 OT	
1830 NW 133 ST	T .	■ 1830 NW 133 ST	
	7	egistered Office, & Registered Ag	gent's
ARTICLE III Signature: (The Limited Liabili individual or anothe business entity with	- Registered Agent, R ty Company cannot serve as its r n an active Florida registration.	egistered Office, & Registered Ages own Registered Agent. You must designate and	
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ARTICLE III Signature: (The Limited Liabili individual or anothe business entity with	- Registered Agent, R ty Company cannot serve as its n an active Florida registration. the Florida street address PRISCILLA HOLT	egistered Office, & Registered Ages own Registered Agent. You must designate at) ss of the registered agent are:	2000 APR 19 AM TALLAHASSEE, T
ARTICLE III Signature: (The Limited Liabili individual or anothe business entity with	- Registered Agent, R ty Company cannot serve as it: n an active Florida registration. he Florida street addres PRISCILLA HOLT 1830 NW 133 ST	egistered Office, & Registered Ages own Registered Agent. You must designate at) ss of the registered agent are:	2009 APR 19 TALLAHASSE
ARTICLE III Signature: (The Limited Liabili individual or anothe business entity with	- Registered Agent, R ty Company cannot serve as it: n an active Florida registration. he Florida street addres PRISCILLA HOLT 1830 NW 133 ST	egistered Office, & Registered Ages own Registered Agent. You must designate as of the registered agent are: ON Name	2000 APR 19 AM TALLAHASSEE, T

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

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

MGRM" = Managing Member GR DEMETRIUS JONES 1830 NW 133 ST MIAMLEL 33167 GRM ANDREA JEAN-PIERRE 1830 NW 133 ST MIAML FL 33167 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) ctive date: 1) cannot be prior to nor more than 90 days after the date of the filied by the Florida Department of State; AND 2) must be the same tive date listed in the attached Certificate of Conversion, if an effect ted therein.) EQUIRED 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 perjuiry that the facts stated herein are true.) DEMETRIUS JONES	MGR" = Manager	Name and Address:
DEMETRIUS JONES 1830 NW 133 ST MIAMI.FL 33167 GRM ANDREA JEAN-PIERRE 1830 NW 133 ST MIAMI. FL 33167 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) ctive date: 1) cannot be prior to nor more than 90 days after the date of the filed by the Florida Department of State; AND 2) must be the same tive date listed in the attached Certificate of Conversion, if an effect of the date o		r
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)