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COVER LETTER

Division of Cor			
SUBJECT: South Walto	on Carpet Restoration &	Total Cleaning Serv	vice, LLC
501012011	(Name o	f Resulting Florida	Limited Company)
			on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all corresp	ondence concerning	this matter to:	·
Susan Von Hoene			
	(Contact Person)		•
Von Hoene Law Firm			
-	(Firm/Company)	_	
P. O. Box 1527			
	(Address)		
Santa Rosa Beach, FL 3245	9		
(City	y, State and Zip Code)		
southwaltoncarpetrestoration	n@gmail.com		
E-mail Address: (to be u	sed for future annual rep	ort notifications)	
For further information	concerning this matt	ter, please call:	
Susan Von Hoene		_at ()	622-4038
(Name of Contact I	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for	the following amour	nt:	
(\$25 for Conversion ar	J\$155.00 Filing Fees nd Certificate of tatus	□\$180.00 Filing I and Certified Copy	
STREET ADDRESS: Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301		Registra Division P. O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314

Von Hoene Law Firm, PLLC Susan Von Hoene Attorney-at-Law Licensed to practice in Florida and Louisiana

Mailing address only:

P. O. Box 1527

Santa Rosa Beach, FL 32459

Office address only:

156 County Hwy 393 North

Santa Rosa Beach, FL 32459

<u>Tel</u>: (850) 622-4038 <u>Fax</u>: (850) 622-4039

E-Mail:

susan@vonhoenclawfirm.com christina@vonhoenclawfirm.com

July 9, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: South Walton Carpet Restoration & Total Cleaning Service, LLC

Dear Sir or Madam:

Enclosed, please find the following:

- 1. Cover Letter;
- 2. Articles of Conversion;
- 3. Check No. 5000, in the amount of \$185.00, for the Articles of Conversion Filing Fee;
- 4. Articles of Organization for LLC; and
- 5. Check No. 5001, in the amount of \$160.00, for the Articles of Organization Filing Fee

Once the above documents have been filed, please mail Certified Copies to P.O. Box 1527, Santa Rosa Beach, Florida 32459, in the self-addressed, postage pre-paid envelope provided.

Should you have any questions or concerns, please do not hesitate to contact me.

Christina Hall

Paralegal for the Von Hoene Law Firm

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Enclosures as stated.

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Ent South Walton Carpet Restoration & Total Clean	ity" immediately prior to the filing of the Articles of Conversion is: ing Service, Inc
(Enter Nar	me of Other Business Entity)
2. The "Other Business Entity" is a corp	poration
(Enter	er entity type. Example: corporation, limited partnership, common law or business trust, etc.)
First organized, formed or incorporated u	under the laws of Florida
01/13/1999	(Enter state, or if a non-U.S. entity, the name of the country)
on(date of organization, formation or incorpora	ation)
3. The name of the Florida Limited Liab	pility Company as set forth in the attached Articles of Organization:
South Walton Carpet Resotration & Total Clean	ing Service, LLC
(Enter Name of Flo	orida Limited Liability Company)
4. If not effective on the date of filing, e	enter the effective date: date of filing.
(The effective date: 1) cannot be prior	r to date of receipt or filed date nor more than 90 days after the ida Department of State; <u>AND</u> 2) must be the same as the effective
date listed in the attached Articles of C	Organization, if an effective date is listed therein.) meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been appro	oved in accordance with all applicable statutes.

Page 1 of 2

Signed this 8th day of July	20_15
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Susan Von Hoenc	Title: Organizer
Signature(s) on behalf of Other Business Entity: Signature:	[See below for required signature(s)]
Printed Name: Tony Thompson	Title: Director
Signature: Printed Name:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	
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 ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
South Walton Carpet Restoration & Total Cleaning	Service, LLC
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
422 Peachtree Circle	422 Peachtree Circle
Santa Rosa Beach, FL 32459	Santa Rosa Beach, FL 32459
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Tony Thompson	
N	lame
422 Peachtree Circle	
Florida street address (P.O. Box NOT acceptable)
Santa Rosa Beach	FL 32459
City	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	r
MGR — Manager	Tony Thompson
	422 Peachtree Circle
	Santa Rosa Beach, FL 32459
MGR	Erik Gallegos
	1324 04)16 Street
	1027 NG/TON BOOK OF
	34227
fective date is listed, the date	an the date of filing: (OPTIONAL must be specific and cannot be more than five business da
LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) he date inserted in this block does not is effective date on the Department of LE VI: Other provisions, if any.	must be specific and cannot be more than five business da meet the applicable statutory filing requirements, this date will not be lis 'State's records.
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LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) he date inserted in this block does not is effective date on the Department of LE VI: Other provisions, if any. **REQUIRED SIGNATURE:** Signature of a me This document is execute I am aware that any false	must be specific and cannot be more than five business da meet the applicable statutory filing requirements, this date will not be lis 'State's records.
LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) he date inserted in this block does not is effective date on the Department of LE VI: Other provisions, if any. **REQUIRED SIGNATURE:** Signature of a me This document is execute I am aware that any false	must be specific and cannot be more than five business da meet the applicable statutory filing requirements, this date will not be list State's records. ember or an authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State
LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) he date inserted in this block does not is effective date on the Department of the VI: Other provisions, if any. **None** **REQUIRED SIGNATURE: Signature of a metal this document is executed a metal any false constitutes a third degree.	must be specific and cannot be more than five business da meet the applicable statutory filing requirements, this date will not be list State's records. ember or an authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State

ARTICLE IV-