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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(DOC	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

STREET ADDRESS:		MAILING A	ADDRESS: 7
(\$25 for Conversion a	□\$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
Enclosed is a check for dollars and drawn on a			ted by this office must be payable in US
(Name of Contact	(UA Person)	at (<u>&50</u>) <u>2</u>] (Area Code) (Day	O-13C) time Telephone Number)
For further information	concerning this mat	ter, please call:	
AUSING SE-mall Address: (to be to	100 CNCI used tor jugare annual rep	cort notifications)	
Tallahassee	L 32 y. State and Zip Code)	310	
2522 Holto	(Address)		
		Tullahais e	¢ .
	(Contact Person)	- 13 1	
Mary Dixu	<i>y</i>		
Please return all corres	pondence concerning	g this matter to:	
			d fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
·	(Name of Res	ulting Florida Limited Con	ipany)
SUBJECT: At Y	our Sensice	Incin	allahaisee
Division of Cor	porations		

New Filing Section

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

New Filing Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

TO: New Filing Section

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 Entity" immediately prior to the filing of the Articles of Conversion is: H 1046 Stylle Inc. in 14 language Polewo 66150) (Enter Name of Other Business Entity)
(Effter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Florick. (Enter state, or if a non-U.S. entity, the name of the country)
on 57 ~ 55 ~ 2001 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
thing (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $\frac{C_1 - 30 - 17}{20 - 17}$.
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.



Signed this 27th day of Scotember	20
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	Title: Diner
Signature(s) on behalf of Other Business Entity: {	See below for required signature(s)]
Signature: Many Dixon Printed Name: Thury Vixon	Title: Dioner
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabilit Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabilit 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)

THE SEP 27 PM 1: 12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Cleaning At your Senice LLC (Mys contain the words "Limited Liability Company, "L.L.C." or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2522 Holton Street 2522 Holton Street Juliaharse, FL Jazzio 32310
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Marie River
2522 Holton Strect Florida street address (P.O. Box NOT acceptable)
Tallahauce, Fl. 32310 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 a 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) (CONTINUED) (CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Linker Manager	Many Dixon 2527 Holton Strect Tallahouses, FL 32310
(Use attachment if necessary)	
(Use attachment if necessary)	
•	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE: Many Dyan	
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware than the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes, I am aware tha nent to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Type	with section 605.0203 (1) (b). Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felor ped or printed name of signee Filing Fees
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Type	with section 605.0203 (1) (b). Florida Statutes. I am aware that next to the Department of State constitutes a third degree felor printed name of signee Filing Fees f Organization and Designation of Registered Agency (1) (1) (2) (1) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-