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Oreck Floor Care Center #63
9648 Kingston Pike Ste 2
Knoxville, TN 37922
423-769-0017 Fax 423-769-0265

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-11/27/00--01099--014
****125.00 ****125.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

00 NOV 27 PM 3:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☒ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

| | |
|----------------|------------|
| Name | |
| Availability | |
| Examiner | <i>but</i> |
| Updater | |
| Updater | |
| Verifier | |
| Acknowledges | <i>OK</i> |
| A. P. Verifier | |

FF \$125.00

Examiner's Initials

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

✓1. VACUUMS UNLIMITED LLC
(Name of foreign limited liability company)

✓2. STATE OF TENNESSEE
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 62-1793690
(FEI number, if applicable)

4. 9/9/99
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to
exist or "perpetual")

6. 11/1/2000
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. BILL E. BATES 4115 TREASURE BAY LANE
NORCROSS, GA 30092
(Street address of principal office)

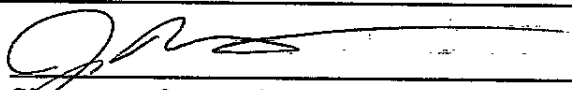
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

JIM HAMILTON 923 ASHBROOK WAY KNOXVILLE, TN 37923

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: VACUUM SALES


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

JIM HAMILTON
Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 27 PM 3:00

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

VACUUMS UNLIMITED LLC

2. The name and the Florida street address of the registered agent and office are:

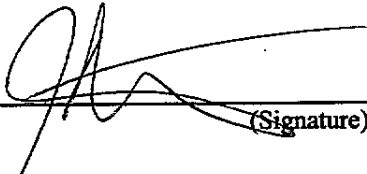
JOHN William HAMILTON
(Name)

1808 W. International Speedway Ste 204
Florida street address (P.O. Box **NOT** ACCEPTABLE)

DAYTONA, FL 32114
City/State/Zip

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DIVISION OF CORPORATIONS
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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..


(Signature)

| | |
|-----------|----------------------------------|
| \$ 100.00 | Filing Fee for Application |
| \$ 25.00 | Designation of Registered Agent |
| \$ 30.00 | Certified Copy (optional) |
| \$ 5.00 | Certificate of Status (optional) |

**Secretary of State
Division of Business Services**

**312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243**

ISSUANCE DATE: 11/14/2000
REQUEST NUMBER: 4048-0322
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 09/09/1999
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0376825
JURISDICTION: TENNESSEE

TO:
VACUUMS UNLIMITED LLC
AT: JUM HAMILTON
9648 KINGSTON PK
KNOXVILLE, TN 37922

REQUESTED BY:
VACUUMS UNLIMITED LLC
AT: JUM HAMILTON
9648 KINGSTON PK
KNOXVILLE, TN 37922

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"VACUUMS UNLIMITED LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 11/14/00

FROM:
VACUUMS UNLIMITED LLC
3211 PEOPLES ST
JOHNSON CITY, TN 37604-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00002764636
ACCOUNT NUMBER: 00349866

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

