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SECRETARY OF STATE TALLAHASSEF, FI CHIE

FILED

COVER LETTER

TO: Registration So Division of Co				-
SUBJECT: Drive		d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Jason Go	ede			
	O	Name of Person)		-
Drive Cle	aners, LLC		7	
		Firm/Company)		
120 Cost	ta Loop		OCT - HAS	
		(Address)	- Σ	
Auburnd	ale, FL 33823		D)FSI	Ë
		/State and Zip Code)	25 · ·	. =
For further information	concerning this matter, please	call:	▶ —	
Jason Goede		at (813) 431-92		
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	-
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
Drive Cleaners, LLC		
Must end with the words "Limited Liability Company,"	"Limited Company" or their abbreviation	"LLC," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of t	the principal office of the Limit	ed Liability Company is
· ·	• •	• • •
Principal Office Address:	Mailing Address:	
120 Costa Loop	120 Costa Loop	
Auburndale, FL 33823	Aubumdale, FL 33823	7
	<u> </u>	
ADDICE E SE Postato di Anna Donie	4 3 OFF	ER S T
ARTICLE III - Registered Agent, Regis The Limited Liability Company cannot serve as its own	itered Office, & Registered Ag i Registered Agent. You must designate as	n individual or another
business entity with an active Florida registration.)		E S
The name and the Florida street address of	f the registered agent are:	PS D
Jason Goede	Name	A =
•	IVAING	
120 Costa Loop		
Florida stre	eet address (P.O. Box NOT acceptable	e)
Auburndale,	FL 33823	
City, S	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 in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:		
"MGR" = Manager	 		
"MGRM" = Managing Member			
MGRM	Jason Goede		
	120 Costa Loop	<u>-</u>	
	Auburndale, FL 33823		
MGRM	Kelli Goede		
	120 Costa Loop		_
	Auburndale, FL 33823	<u>~</u> 23	_
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(Use attachment if necessary)			
	date of filing:		

REQUIRED 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 perjury that the facts stated herein are true.)

Jason Goede

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2