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SECRETARY OF STATE

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: CLEAN CARE 2 COIN LAUNDRY, LLC (Name of Limited Liability Company)	_
(Name of Lithted Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GEORGE TRAIKOS	
(Name of Person)	
CLEAN CARE 2 COIN LAUNDRY, LLC	7007
(Firm/Company)	E =
1632 NE 151 STREET	ا وسيسم <u>ليا</u>
(Address)	
NORTH MIAMI BEACH FL 33162 으로	
(City/State and Zip Code)	8
For further information concerning this matter, please call:	
GEORGE TRAIKOS at (954) 815-1541	
(Name of Person) (Area Code & Daytime Telephone Number)	-

STREET ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
CLEAN CARE 2 COIN LAUNDRY, LLC	· · · -· · · · · · · · · · · · · · · ·
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
1632 NE 151 STREET	1632 NE 151 STREET
NORTH MIAMI BEACH FL 33162	NORTH MIAMI BEACH FL 33162
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered GEORGE TRAIKOS Name 1632 NE 151 STREET Florida street address (P.O. Box NO	d agent are:
	ORIDA 33162
City, 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	••
MGRM	GEORGE TRAIKOS
	1632 NE 151 ST
	NORTH MIAMI BEACH FL 33162
MGRM	KATIA T TRAIKOS
	3578 GULFSTREAM WAY
	DAVIE FL 33328
MGRM	DEMETRIO T GATOS
	1632 NE 151 ST
	NORTH MIAMI BEACH FL 33152
***************************************	AT AY
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NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	·
Alexander	

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.)

GEORGE TRAIKOS

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)