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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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JAN 31 AM 7:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

happyvalet franchise, llc

Certificate of Status	0
Certified Copy	1
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LA 02/01/05

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HAPPYVALET FRANCHISE, LLC
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAPPYVALET FRANCHISE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

HAPPYVALET FRANCHISE, LLC

1221 BRICKELL AVENUE, Suite 800

MIAMI, FL 33131

HAPPYVALET FRANCHISE, LLC

1221 BRICKELL AVENUE, Suite 800

MIAMI, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ROBERT PARK

Name

1221 BRICKELL AVENUE, Suite 800

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL 33131

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 605, F.S.

(X) 

Registered Agent's Signature

(CONTINUED)

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HAPPYVALET FRANCHISE, LLC

ATK1

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

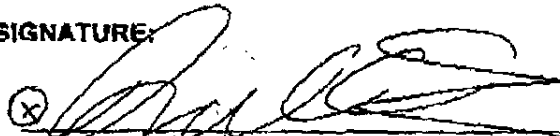
MGRM

CLEANBLUE CLEANERS, LLC D/B/A HAPPY VALET
1221 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

(X) 

Signature of a member or an authorized representative of a member.

(In accordance with section 806.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT PARK

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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