LD5000080514

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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06/08/05--01004--008 **125.00

OS AUG 15 AM 10: 28

TRANSMITTAL LETTER

| TO: Registration S Division of Co | | | |
|---|---|---|--|
| SUBJECT: FAMILY | COIN LAUNDRY, LLC | | |
| , <u>, , , , , , , , , , , , , , , , , , </u> | | ed Liability Company) | |
| The enclosed Articles of | of Organization and fee(s) are | submitted for filing. | |
| Please return all corresp | nondence concerning this matt | er to the following: | |
| | VINCE NEW | MANI | |
| | | (Name of Person) | APY I |
| | | | |
| N/A | | | |
| | • | (Firm/Company) | |
| | 2420 NIM 4 | OTH AVE | |
| | 2420 NW 1 | (Address) | |
| WASHINGTON TO THE PROPERTY OF | | FL 33127 | PROFILE AND ADDRESS AND ADDRES |
| | (City | /State and Zip Code) | |
| For further information | concerning this matter, please | call: | |
| VINCE | NEWMAN | at (305) 527-8239 | |
| (Name | of Person) | (Area Code & Daytime T | elephone Number) |
| Enclosed is a check for | or the following amount: | | |
| Ø \$125.00 Filing Fee | □ \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| STRE | ET ADDRESS: | MAILING A | DDRESS: |
| Registration Section | | Registration S | |
| Division of Corporations 409 E. Gaines Street | | Division of Corporations P.O. Box 6327 | |
| Tallahassee, Florida 32399 | | Tallahassee, Florida 32314 | |



June 15, 2005

VINCE NEWMAN 2420 NW 10TH AVENUE MIAMI, FL 33127

SUBJECT: FAMILY COIN LAUNDRY, LLLC Ref. Number: W05000029485

We have received your document for FAMILY COIN LAUNDRY, LLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page 2 of the articles.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 305A00041464

Neysa Culligan Document Specialist

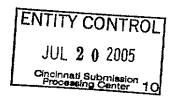
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| FAMILY COIN L | AUNDRY, LLC | | | |
|------------------------------------|--|---|------------------|-------------------------|
| ARTICLE II - The mailing add | | the principal office of the Limited Liabi | lity Compa | ny is: |
| Principal Offic | e Address: | Mailing Address: | | |
| 2561 NW 54TH STREET | | 2420 NW 10TH AVE | | |
| MIAMI, FL 33142 | | MIAMI, FL 33127 | | |
| VINCE NEWMAN Name 2420 NW 10TH AVE | | | ~ , | |
| | | Name | AUG 15 A | FILED SON OF COR |
| | 2420 NW 10TH AVE | Name eet address (P.O. Box <u>NOT</u> acceptable) | AUG 15 AM IO | ECRETARY OF ST |
| | 2420 NW 10TH AVE Florida stro MIAMI FL 33127 | | AUG 15 AM 10: 28 | FILED STATE CORPORATION |

(CONTINUED)

Registered Agent's Signature

Page 1 of 2



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

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

| Title: "MGR" = Manage "MGRM" = Manage | | Name and Address: | | |
|---------------------------------------|---|--|-------------|----------------------|
| MGRM | · | VINCE NEWMAN 2420 NW 10TH AVE MIAMI, FL 33127 | | • |
| MGR | | AULYN NEWMAN 2420 NW 10TH AVE MIAMI, FL 33127 | | |
| | | | * 1 | |
| (Use attachment i | ** | added if an effective date is requested. | | |
| REQUIRED SIC | GNATURE: | VINCE NEWMAN 2420 N W 10th Ava fulAM! FL 33127 r an authorized representative of a member. | | |
| • | of this document constitut that the facts stated here VINCE NEWMAN | on 608.408(3), Florida Statutes, the execution less an affirmation under the penalties of perjury sin are true.) If or printed name of signee | 05 AUG 15 | SEORETAF SEORETAF |
| of Regi \$ 30.00 Certifie | ee for Articles of Organiz stered Agent d Copy (Optional) ate of Status (Optional) | ation and Designation | 8 AM 10: 28 | CORPORATIONS |

Page 2 of 2

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