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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I - Name:
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The name of the Limited Liability Company is:

Codillac Dry Cleaners, LLC

(Must end with the words "Limited Lability Company, "Limited Company" or their abbreviation "LLC," or "LC,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
1401 22ND ST 50	1401 22ND ST SO		
ST PETE 71	ST PETE 71		
337/4	33117		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

1401 22 NO ST So

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

ST PETE FL 337/2

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

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 "MGRM" = Managing Member	Name and Address:			
MGR	LORENTO BROW 2015 SOM AVESO ST PETE TI 331	112.		
<u>mgrm</u>	MAKULM BROWN 30G2 MEIROSE AV ST PETE 713	E 87/2		
<u>MGR</u>	LINDA BROWN 2015 Stath ALLE ST PETE FI 3	50#4 33712		
• * * * * * * * * * * * * * * * * * * *				
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the 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.)				
LINDA BROWN Typed or printed name of signee				
Filing Fees:		2007 SE:		
\$125.00 Filing Fee for Articles of Organia of Registered Agent	zation and Designation	MAR I		
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)				