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**Alison Leffew
Attorney at Law**

**144 Depot Drive
Fort Pierce, Florida 34950
772-466-6678 Fax:772-466-6679**

**80 Royal Palm Pointe, #202
Vero Beach, FL 32960
772-770-6110 FAX:772-562-7997**

leffewatty@bellsouth.net

TO: Registration Section
Division of Corporations

SUBJECT: Angel's One Price Dry Cleaning, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alison Leffew, Attorney at Law
80 Royal Palm Pointe, #202
Vero Beach, FL 32960

For further information concerning this matter, please call:

772-466-6678

Enclosed is a check for the following amount: \$125.00

Street Address:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Angel's One Price Dry Cleaning, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

648 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34953

Mailing Address:

648 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34953

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:

Alison Leffew, Atty

Name

144 North Depot Drive

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

Fort Pierce FL 34950

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.

Alison Leffew

Registered Agent's Signature (REQUIRED)

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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

LYNN HOLMES

648 SE Port St. Lucie Blvd.

Port St. Lucie, FL 34953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Lynn Holmes

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.)

LYNN HOLMES

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)**

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