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09 MAR 18 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 19 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUSTON MOBILE DRYCLEANING SERVICE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REGINALD HOUSTON

(Name of Person)

HOUSTON MOBILE DRYCLEANING SERVICE, LLC

(Firm/Company)

P.O. BOX 442035

(Address)

JACKSONVILLE, FL 32222

(City/State and Zip Code)

For further information concerning this matter, please call:

REGINALD HOUSTON

(Name of Person)

at (904) 402-9134

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOUSTON MOBILE DRYCLEANING SERVICE, 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:

6879 RIDGEVIEW AVE
JACKSONVILLE, FL 32244

Mailing Address:

P.O. BOX 442035
JACKSONVILLE, FL 32222

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:

REGINALD HOUSTON

Name

6879 RIDGEVIEW AVE

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

JACKSONVILLE, FL 32244

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..

Reginald Houston 4/01/2009

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 *P*

FRANKLIN STEVENS *VP*

BRENDA LAW *S*

JAMES STANFORD *D*

ALT:
ARTHUR LEVINE *MGR*

Name and Address:

Reginald Houston
4879 Ridgeway Ave, Jacksonville, FL
245 HANNA STABLES *32244*
JACKSONVILLE FL 32244

11609 KINGS RIDGE CT. N.
JACKSONVILLE, FL 32218

P.O. Box 2906
JACKSONVILLE, FL 32073

1520 MESA DR.
JACKSONVILLE FL 32221

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 1, 2009 (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:

Reginald Houston

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.)

REGINALD HOUSTON

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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