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DIVISION OF CORPORATION

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: No L	aundry, LLC		
		ted Liability Company	
-			
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
William	M. Kaylor		
		Name of Person	
		Firm/Company	
261 Abe	rdeen Street		
		Address	
Dunedin,	Florida 34698		
		ty/State and Zip Code	
wm998@a		for future annual report notification)	
	·	•	
For further information	n concerning this matter, pleas	e call:	
William Kaylor		at (305) 481-2369	
Nam	e of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check	for the following amount:		
	\$130.00 Filing Fee &	Triss of Filing Page 6	Terco on Ellina Par
[▼]\$123,00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	J\$160.00 Filing Fee, Certificate of Status & Certified Copy
			(additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Ci	rele

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

No Laundry, LLC (Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	***
ARTICLE II - Address:		
	of the principal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
261 Aberdeen Street Dunedin, Florida 34698	261 Aberdeen Street Dunedin, Florida 34698	
	Durisdin, Florida 34030	
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Sig	or another
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Sig	or another
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Sig	or another
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual of the registered agent are: Name	or another DIVISION OF CO 11 MAY 23
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address William M. Kaylo 261 Aberdee	gistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual of the registered agent are: Name	or another DIVISION OF CO 11 MAY 23
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address William M. Kaylo 261 Aberdee	gistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual of the registered agent are: Name Name	or another

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)

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:

"MGR" = Manager	
"MGRM" = Managing Member	
MGR	William M. Kaylor
	261 Aberdeen Street
	Dunedin, Florida 34698
MGRM	Callia M Kaular
THORM	-3/21 Holdmy Street
	Muredon Florida 34618
	<u> </u>
	
	No.
(Use attachment if necessary)	
(Ose attachment if necessary)	
LEV: Effective date, if other than the	he date of filing:
LE V: Effective date, if other than the fective date is listed, the date must	· · · · · · · · · · · · · · · · · · ·
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ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6	be specific and cannot be more than five business days 23 23 25 26 27 28 28 28 28 28 28 28 28 28
ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation unconstitutes an affirmation unconstitutes and the date of the d	be specific and cannot be more than five business days ber or an authorized representative of a member. 308.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation under a manual amage of a manual amage and a man	be specific and cannot be more than five business days ber or an authorized representative of a member. 508,408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. commation submitted in a document to the Department of State
ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation under the date of the date o	be specific and cannot be more than five business days ber or an authorized representative of a member. 508.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. commation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

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)