

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
. (Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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G. MCLEOD

JUN 18 2012

**EXAMINER** 



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06/15/12--01012--016 \*\*155.00

12 JUN 15 PM 4: 00

## **COVER LETTER**

Division of C			
SUBJECT: Your	Image Cleaning S		
	Name of Limit	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
N.A. amal	Mus Fususis and	l Lulu Kallahan	
<u>ivir. and</u>	Mrs. Francis and	Name of Person	
<del></del>		Firm/Company	
		· · · · · · · · · · · · · · · · · · ·	
1334 Ma	rsh Creek Lane	Address	
		Nutross	
Orlando, F		ty/State and Zip Code	
Lylysen13(	@yahoo.com	ty/State and Zip Code	
<u> Lyrybop ro</u> (		for future annual report notification)	
For further information	concerning this matter, pleas	e call:	
Lyly Kelleher			
	e of Person	at (407 ) 982-6713 Area Code & Daytime Telep	phone Number
	for the following amount:		7
\$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 C Tallahassee, FL 32301	
Septimes is The con-			
Direct Publication			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
Your Image Cleaning Ser	vices, LLC.	
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
1334 Marsh Creek Lane Orlando, FL 32828	Same as Principal	
	istered Office, & Registered Agent's Si wn Registered Agent. You must designate an individua	
The name and the Florida street address	of the registered agent are:	12 JUN 15 PM SCURE LARY OF TALLAHASSEE, F
	Lyly Kelleher	
	Name	ASS Z
1334 Marsh (	Creek Lane	SSER SSER
Florida s	treet address (P.O. Box NOT acceptable)	
Orlando	<sub>FL</sub> 32828	FLOR

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..

ignature (REOURED)

City, State, and Zip

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address:
MGR	Francis Kelleher 1334 Marsh Creek Lane Orlando, FL 32828
MGR	Lyly Kelleher  1334 Marsh Creek Lane  Orlando, FL 32828
(Use attachment if neces	ry)
	er than the date of filing: (OPTIONAL)  Ite must be specific and cannot be more than five business days pri  g.)
REQUIRED SIGNATU	E:
Signatu	of a member of an authorized representative of a member.
constitutes an af I am aware that	a section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. It is a false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.)
	elleher

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)

Typed or printed name of signee