

L12000084175

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet 51485

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000167945 3)))



H120001679453ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
 12 JUN 25 PM 2:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO. THE UNIFORM KING LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
 12 JUN 25 PM 3:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

C. LEWIS
 JUN 26 2012
 EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H12000107445

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE UNIFORM KING 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:

Mailing Address:

1940 SW 57TH AVE
WEST PARK FL 33023

1940 SW 57TH AVE
WEST PARK FL 33023

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:

FRANCHEL D. SWAIN

Name

1940 SW 57TH AVE

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

WEST PARK FL 33023

City, State, and Zip

FILED
12 JUN 25 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Franchel D. Swain

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H1200016791

FILED

12 JUN 25 PM 2: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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"

FRANCHEL D. SWAIN

1940 SW 57TH AVE

WEST PARK FL 33023

"MGRM"

DANNY SWAIN

2500 NW 165 TERR

MIAMI GARDENS 33054

"MGRM"

ALBERT SWAIN III

1953 NW 52nd AVE

MIAMI FL 33142

(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:

Franchel D. Swain

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

FRANCHEL D. SWAIN

Typed or printed name of signer

Filing Fee:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2