L13000 143834

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400251826724

09/23/13--01041--006 **130.00

13 OCT 11 PN 1: 01

133003

BA 10/11



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 24, 2013

JOE LALLEY 2243 ALSACE TERRACE ST. PETERSBURG, FL 33714

SUBJECT: LILLE'S COIN LAUNDRY, LLC

Ref. Number: W13000053003

We have received your document for LILLE'S COIN LAUNDRY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days Our office received your document on after the date of filing. September 23, 2013. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 813A00022377





October 4, 2013

JOE LALLEY 2243 ALSACE TERRACE ST. PETERSBURG, FL 33714

SUBJECT: LILLE'S COIN LAUNDRY, LLC

Ref. Number: W13000053003

We have received your document for LILLE'S COIN LAUNDRY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

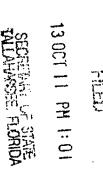
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 213A00023402



COVER LETTER

TO: **Registration Section Division of Corporations** illie's Coin Laundry, 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: Joe Lalley Name of Person Firm/Company 2243 Alsace Terrace Address St. Petersburg, FL 33714 City/State and Zip Code buxfan8@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joe Lalley Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □ \$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, □\$125.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

(additional copy is enclosed)

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

13 OCT 11 PM 1: 01

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

• ,	any is:
Lille's Coin Laundry, LLC	
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2248 Alsace Terrace	2243 Alapca Terrace
St. Petersburg, FL 33714	St. Petersburg, FL 33714
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its of business ondry with an active Florida registration.) The name and the Florida street address of the control of the c	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its or business oncity with an active Plorida registration.)	vn Registered Agent. You must designate an individual or another
(The Limited Liability Commany cannot serve as its of business ontity with an active Plorida registration.) The name and the Florida street address of Joe Lailey 2243 Alsace Terrace	on Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Commany cannot serve as its of business ontity with an active Plorida registration.) The name and the Florida street address of Joe Lailey 2243 Alsace Terrace	on Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its or business ontity with an active Plorida registration.) The name and the Florida street address of Loc Lalley 2243 Alsece Tensoe Plorida of	on Registered Agent. You must designate an individual or another of the registered agent are:

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..

. Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

SECRETARY PLONDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

		Joe Lalley	· · · · · · · · · · · · · · · · · · ·
		2243 Alsace Terrace	
		St. Petersburg, FL 33714	
	•		
(Use attachment if ne	ecessary)		
LE V: Effective date	if other than the d	late of filing:	(OPTIONA
ffective date is listed	l, the date must b	be specific and cannot be more than f	ive busines
or 90 days after the	date of filing.)		

(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.)

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)

Joe Lalley

13 OCT | | PM |: 01