

**L14000055430**

**Florida Department of State  
Division of Corporations  
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To:

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

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

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**FLORIDA LIMITED LIABILITY CO.**

**Bobbyette The Dry Cleaners LLC**

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

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STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

APR - 4 2014

EXAMINER

Bobbyette The Dry Cleaners LLC

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

Bobbyette The Dry Cleaners LLC

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO ENGAGE IN THE LAUNDRY AND DRY CLEANING BUSINESS IN THE WIDEST AND MOST COMPREHENSIVE SENSE.

PREPARED BY: TURNER-MCGOWAN & ASSOCIATES LLC.  
1100 S STATE ROAD 7, STE 200A  
MARGATE, FL 33068  
954) 970-0006

2014-03-13  
11:11:11  
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**ARTICLE III**

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS  
4334 N STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY  
MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

**ARTICLE IV**

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF  
PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT  
FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN  
COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA  
WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF  
PROCESS. OTHEL TURNER: 1100 S STATE ROAD 7, STE 200A, MARGATE, FL  
33068.

**ACKNOWLEDGMENT**

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF  
PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT  
IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID  
OFFICE OPEN.

BY: 

2014-07-31 10:13

ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIZATION:

BOBBYETTE MOTLEY

1430 NW 20<sup>TH</sup> COURT

FORT LAUDERDALE, FL 33311

MANAGER SIGNATURES

*Bobbyette Motley*  
BOBBYETTE MOTLEY

STATE OF FLORIDA )  
COUNTY OF BROWARD) SS

BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS  
AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED BOBBYETTE MOTLEY  
BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE WHO  
EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL THIS 2 DAY OF April, 2014.

*Nicole C Seelal*  
(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA

(SEAL)



NICOLE C SEELAL  
MY COMMISSION # EE 125043  
EXPIRES: August 28, 2015  
Recorded This Budget History Question

2014-03-13 A 3:13

FILED