### Florida Department of State

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From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 Phone : (305)444-6226

Fax Number : (305)442-4829

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FLORIDA LIMITED LIABILITY CO.

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UNIFORMS OF JACKSONVILLE, LLC

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#### ARTICLES OF ORGANIZATION

OF

#### UNIFORMS OF JACKSONVILLE, LLC

SECRETARY OF STA

The undersigned members to these Articles of Organization members associate themselves together to form a Limited Liability Company under the laws of file State of Florida.

# ARTICLE I

The name of this Limited Liability Company is: UNIFORMS OF JACKSONVILLE, LLC.

## ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

# ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

#### ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 1203 NW 93 CT, DORAL, FL 33172. The Board of Managers may from time to time move the principal office to another address in Florida.

### ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That UNIFORMS OF JACKSONVILLE, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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#### ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Manager shall be:

# EDLEEN MORERA, of c/o 1203 NW 93 CT, DORAL, FL 33172

WITNESS the hand and seal of the Manager in Hialeah, Florida, the 1<sup>st</sup> day of May, 2015.

Edleen Morera

STATE OF FLORIDA

SS:

COUNTY OF MIAMI-DADE

PERSONALLY appeared before me, Edleen Morera, as Manager of UNIFORMS OF JACKSONVILLE, LLC, for and on behalf of the entity, who is personally known to me, who being by me first duly sworn, acknowledges that she signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 1st day of May, 2015.

LAURA KOHN

NY COMMISSION # EE 177665

EXPIRES: May 16, 2016

Bonded Thru Nutary Public Underwriters

Notary Public

State of Florida at Large

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That UNIFORMS OF JACKSONVILLE, LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named Arazoza & Fernandez-Fraga P.A. as its Agent, of 2100 Salzedo Street, Suite 300, Coral Gables, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

Arazoza & Fernandez-Fraga P.A

Carlos F. Arazoza

Director

Date: April 1st, 2015

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