L17000122315

(R	equestor's Name)	
(Å	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
L		





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06/05/17--01015--020 **130.00

SECRETARY OF STATE PALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Press to Impress One Price Dry C</u> Name of Lir	Cleaners LLC nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Gwendolen Long	Name of Person	
		Nume of Ferson	
		Firm/Company	
	1411 Michelle Drive North #27	Address	
	West Palm Beach FL 33409	City/State and Zip Code	
m	arcadasrich74@amail.com	d for future annual report notifica	ution)
For fur	ther information concerning this matter, ple	ase call:	
<u>Gwen</u>	dolen Long at (at (561) 293-6692 Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
\$125.0	00 Filing Fee ✓ \$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Add: Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions

Tallahassee, FL 32301

Tallahassee, FL 32314

$\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDALIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Limited Liability Company is:	
Press to Impress One Price Dry Cleaners LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1411 Michelle Drive North #27	1411 Michelle Drive North #27
West Palm Beach FL 33409	West Palm Beach FL 33409
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I	Registered Agent. You must designate an individual or
another business entity with an active Florida registration	1.}
The name and the Florida street address of the registered	agent are:
Gwendolen Long	
Name	
1411 Michelle Drive North #27	
Florida street address (P.O. Box	NOT acceptable)
West Palm Beach	FL 33409
City	Zip
the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S.
1. 22	
Registered Agent's Signat	ure (REQUIRED)

(CONTINUED)

Page 1 of 2

17 JUN -5 PM 12: 16
SECRETARY OF STATE ALLAHASSEE, FLORID.

Title:	Name and Address:
'AMBR" = Authorized Membe	
'MGR" = Manager	
AMBR	Gwendolen Long
	1411 Michelle Drive North #27
	West Palm Beach FL 33409
	
	
EV: Effective date, if other than ctive date is listed, the date in	the date of filing:
ctive date is listed, the date m f filing.)	the date of filing:
EV: Effective date, if other than ctive date is listed, the date in	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 or
EV: Effective date, if other than ctive date is listed, the date mind filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	ast be specific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than ctive date is listed, the date mind filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ist be specific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than ctive date is listed, the date mit filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of a member of any authorized representative of a member.
E V: Effective date, if other than crive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with s	of a member of an authorized representative of a member.
E V: Effective date, if other than ctive date is listed, the date mit filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with s constitutes an affirma	of a member of an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

