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COVER LETTER

New Filing Section TO: **Division of Corporations** SUBJECT: COLLINS DRY CLEANERS & 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: ARLOS L. COLLINS Name of Person <u>400.</u> OLD PLANTATION 4051 Address FL. 32311 City/State and Zip Code TALLAHASSEE CARLOSL COLLINS @ YAHOO, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (ARLOS L. COLLINS (850) 629-4959 Davtime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: \$160.00 Filing Fee, \$155.00 Filing Fee & \$/30.00 Filing Fee & \$125.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address Mailing Address New Filing Section New Filing Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle. Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

COLLINS DRY CLEARIERS & LAUNDRY LLC (Must contain 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:	Maining Address:
- 710 US HWY 27 SOUTH D - HAVANA FL 32333 -	

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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:

	CARLOS L. COLLINS	ATTAS
	4051 OLD PLANTATION LODP Florida street address (P.O. Box NOT acceptable)	
,	TALLAHASSEE FL 32311 City State Zip	D Shill: 24

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	(ARIOS L. COLLINS ADSI OLD PLANTATION LOOP TALL FL. 32311

(Use attachment if necessary)

2012 ___. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

CARLOS L. COLLINIS 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)

S 5.00 Certificate of Status (Optional)