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VISLAND CORPORATIONS

TAITAHASSEE, FLORIDA

2013 JUN 1 1 PH 5: 00

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: COLLINS CLEAVERS HAVANA 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:
CARLOS L. COLLINS Name of Person
4051 OLD PLANTATION LOOP
Address
TOU 2/1202-
TALLAHASSEE FL 3231) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARLOS L. Collius at ( 850 ) 320 - 20472—  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S130.00 Filing Fee Status S155.00 Filing Fee Status S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INIS CLEANIERS HAVAWA, L. L. C. (Must contain the words "Limited Liability Company, "L.L.C." or "L.L.C.")

The mailing address and street address of the principal office of the Limited Liability Company is:

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

ARLOS L. COLLINIS

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

4051 OLD PLANTATION LOOP			
Florida street address (P.O. Box NOT acceptable)			
TALLAHASSEE FL. 32001			
City State Zip			
Having been named as registered agent and to accept service of process for the above stated limited liability comp place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this cap further agree to comply with the provisions of all statutes relating to the proper and complete performance of my a am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	pacity. T luties, and	1	
Culos L. Ca Oc.			
Registered Agent's Signature (REQUIRED)			
(CONTINUED)			
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	i.AE ASS	<del>2</del> 2	
		- -	

Title: "AMBR" = Authorized Member	Name and Address: Carlos L. Collins
"MGR" = Manager MGR.	4051 DLD PLANTATION LOOP TALLAHASSEE FL 3231
(Use attachment if necessary)	
(If an effective date is listed, the date must be spe the date of filing.)	of filing:
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	h. Ca OCi
This document is execut	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State effony as provided for in s.817.155, F.S.
<u> </u>	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)