

L21000082413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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2/26/21



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02/01/21--01031--014 \*\*160.00

FILED  
2021 FEB -1 PM 3:48  
STATE  
OF CALIFORNIA

January 13, 2021

**Emanuel Conley**  
5400 North Flager Drive  
West Palm Beach, Florida 33407  
(561) 379-5902

New Filing Section  
Division of Corporations  
P.O. Box 6327 Tallahassee, Florida 32314

Dear Recipient:

My name is Emanuel Conley. I am submitting the required documents alongside my check payable to the Florida Department of State for the amount of \$160.00.

Best,

Emanuel Conley

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FLORIDA  
STATE

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations  
Conley Cleaners, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

Emanuel Conley

\_\_\_\_\_  
Name of Person

Emanuel Cleaners, LLC

\_\_\_\_\_  
Firm/Company

471 West 30th Street

\_\_\_\_\_  
Address

Riviera Beach, FL 33404

\_\_\_\_\_  
City/State and Zip Code

eziboy40cal4@gmail

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emanuel Conley

561

379-5902

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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STATE  
OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Conley Cleaners, 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:

471 West 30th Street, Riviera Beach, FL 33404

Mailing Address:

471 West 30th Street, Riviera Beach, FL 33404

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:

Emanuel Conley

Name

471 West 30th Street

Florida street address (P.O. Box **NOT** acceptable)

Riviera Beach

FL

33404

City

State

Zip

*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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Emanuel Conley, 471 West 30th Street, Riviera Beach, FL 33404

\_\_\_\_\_  
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JAN 15 2021  
CLERK

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 15, 2021. (OPTIONAL)

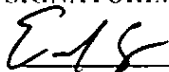
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED 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.

Emanuel Conley

\_\_\_\_\_  
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)**