L22000266283

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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DIVISION OF CONFORMINGS TALLAHASSEE, FLORIDA

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STANGARD STANGARD

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

A Laundromats, LLC BUSINESS (Name) A Laundromats Holding	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy AMENDMEN	T ONLY FROM 3/30/1984
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment OP A OP A
Not for Profit X Limited Liability	Resignation of R.A. Officer/D. Change of Registered
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATION
Annual Report	Foreign filing
Fictitious Name	Limited PartnershipReinstatement
APOSTIL ()	Other



June 10, 2022

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: A LAUNDROMATS, LLC

Ref. Number: W22000078221

UIVISION OF CORPORATIONS

We have received your document for A LAUNDROMATS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 422A00013079

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLESOF	ORGANIZATIONFO	K FLOKIDA LIVII	IED LIABILATY COMPANY	P =
ARTICLE I - Name:				
The name of the Limited Liability	Company is:			2022 JUN 13 PM
A Laundromats, ELC. (Must conta		ndromats d Liability Compa	Holdings LLC	SEUTE TALLAHASSEE
ARTICLE II - Address:				
The mailing address and street ad-	dress of the principal	office of the Lin	ited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Ad	dress:
10560 SW 8th Street			PO Box 541255	
Miami, Florida 33174			Merritt Island, Florida 3295	54
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its ow tive Florida registrat	n Registered Age ion.)		individual or
The name and the Florida street ac	ddress of the register	ed agent are:		
	Keith Diamond			
		Name		
	3440 Hollywood Be	oulevard, Suite 4	<u> </u>	
	Florida street addre	ess (P.O. Box <u>NC</u>	T acceptable)	
	Hollywood	Florida	33021	
	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)

ARTICLE IV-

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

Title:	Name and Address:
	Authorized Member
"MGR" = Ma	anager
Мет	Steven Candelaria
	PO Box 541255
	Merritt Island. Florida 32954
Мет	Mayelin Candelaria
	PO Box 541255 Merritt Island, Floirda 32954
	Weitht Island, Florida 52754
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	TIS'

(Use attachm	ent if necessary)
	(OPTIONAL)
ARTICLE V: Effectiv	re date, if other than the date of filing: (OPTIONAL)
	listed, the date must be specific and cannot be more than five business days prior to or 90 days afte
the date of filing.)	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ve date on the Department of State's records.
the document a circui	ve date on the Department of State's records.
ARTICLE VI: Other p	rovisions, if any.
n northnan	CYCNIA THURE
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.
	1/1////////////////////////////////////
	Typed or printed name of signee
	t yped 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)