Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. MY CITY ESTATES, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

MY CITY ESTATES, 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:

Mailing Address:

1547 SW 186TH TER

PEMBROKE PINES, FL 33029

SAME AS PRINCIPAL ADDRESS

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:

CLEAN STATE LAUNDRY LLC

Name

156 SOUTH MAIN STREET

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

BELLE GLADE

City

State

Having been named as registered agent and to accept service of process for the above stated limited itability 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 pegistered agent as provided for in Chapter 605, F.S..

(CONTINUED)

istered Agent's Signature (REQUIRED)

To:

(Use attachment if necessary) I. V: Effective date, if other than the date of Sling: (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 ds of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E. 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 fairs intormation submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. AKEEM SIMPS BOGLE Typed or printed name of signee Signature of State of Computation and Designation of Registered Agent S. 30.00 Certificate of Status (Optional)	Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:	
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