

TRANSMITTAL LETTER

P00000063494

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300003295613--5
-06/19/00-01107-005
*****78.75 *****78.75

SUBJECT: Doctor Dry Clean Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Doctor Dry Clean Inc
Name (Printed or typed)

6342 NW 56 ST
Address

coral springs FL 33067
City, State & Zip

954 422-4100
Daytime Telephone number

FILED
00 JUN 29 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

T. SMITH JUN 29 2000

W-15947



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 22, 2000

DOCTOR DRY CLEAN INC
6342 NW 56 ST
CORAL SPRINGS, FL 33067

SUBJECT: DOCTOR DRY CLEAN INC
Ref. Number: W00000015942

We have received your document for DOCTOR DRY CLEAN INC and your check(s) totaling \$78.75. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 487-6927.

Tracy Smith
Document Specialist

Letter Number: 800A00035473

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Doctor Dry Clean
of South Florida Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6342 N.W. 56 ST
Coral Springs Fl. 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Form corporation

ARTICLE IV SHARES

The number of shares of stock is:

500 shares
\$1.00 Par Value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Larry Leeds
6342 NW 56 ST
Coral Springs Fl. 33067

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Larry Leeds
6342 NW. 56 ST.
Coral Springs Fl. 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Larry Leeds
6342 N.W. 56 ST
Coral Springs Fl. 33067

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

6-10-00

Signature/Incorporator

Date

6-10-00

FILED
JUN 29 PM 2:37
TOLAHASSEE, FLORIDA
SECRETARY OF STATE