

P 000000 95209

TRANSMITTAL LETTER

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

FILED
00 OCT -9 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Mayfair Dry Cleaners, Inc.

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

\$78.75

X \$87.50

Filing Fee

Filing Fee,

& Certificate of Status

& Certified Copy Certified Copy

& Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Russell T. O'Malley, President

Name

6203 N.W. 45 Avenue

Address

Coconut Creek, FL 33073

City, State & Zip

(954) 942-5755

Daytime Telephone number

000003418840--9
-10/09/00--01058--008
*****87.50 *****87.50

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: *Mayfair Dry Cleaners, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
6203 N.W. 45 Avenue
Coconut Creek, FL 33073

ARTICLE III SHARES

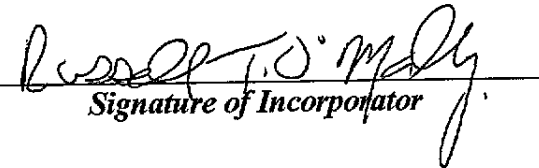
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *100 Shares of Stock*

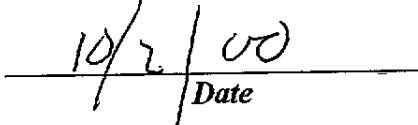
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Mary M. O'Malley
6203 NW 45 Avenue
Coconut Creek, FL 33073

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Russell T. O'Malley, President
6203 NW 45 Avenue
Coconut Creek, FL 33073


Signature of Incorporator


Date

Having been named as registered agent and to accept service of process for the above stated corporation 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 am familiar with and accept the obligations of my position as registered agent.


Signature . Registered Agent


Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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