

P03000074352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

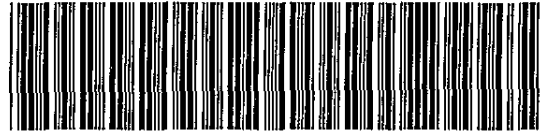
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2803
[Handwritten signature]

TRANSMITTAL LETTER

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

SUBJECT: Springs Cleaners of Apopka, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Springs Cleaners of Apopka, Inc.
Name (Printed or typed)

2620 W. SR 434

Address

Longwood, Fl. 32779

City, State & Zip

407-682-7422

Daytime Telephone number

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

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:

Springs Cleaners of Apopka, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*2620 W. SR 434
Longwood, Fl. 32779*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

retail dry cleaner store

ARTICLE IV SHARES

The number of shares of stock is:

100 share @ \$1.00 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*Jose Llana
4262 Sandhurst Dr.
Orlando, Fl. 32817*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Jose Llana
4262 Sandhurst Dr.
Orlando, Fl. 32817*

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]

Signature/Registered Agent

6/23/03

Date

[Signature]

Signature/Incorporator

6/23/03

Date