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STATE OF FLORIDA SUITE 200  
409 EAST GAINES STREET MIAMI FL 33135-34  
TALLAHASSEE, FL 32399 CONTACT: RAY STORMONT  
PHONE: (305) 541-3694  
FAX: (904) 922-4000 FAX: (305) 541-3770

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.  
NAME: NICOLA CLEANERS, CORP.  
FAX AUDIT NUMBER: H95000010000 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 09/11/1995 TIME REQUESTED: 15:08:32  
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9-11-95  
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95 SEP 11 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 SEP 11 PM 5:24

SEP-11-1995 15:41

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**ARTICLE OF INCORPORATION  
OF  
NICOLA CLEANERS, CORP.**

55 SEP 11 11:11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: NICOLA CLEANERS, CORP.

The principal place of business of this corporation shall be:  
1900 E. 4 Th. Ave.  
Hialeah, FL 33010

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 x \$ 10.00 = \$ 1,000.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

HECTOR J. HALL  
BASIC ACCOUNTING SERVICE  
692 W. 29 Street # 9  
Hialeah, Florida 33012  
(305) 887. 4185

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SEP 11 11:11:43

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_  
NICOLA CLEANERS, CORP.

2. The name and address of the registered agent and office is \_\_\_\_\_  
GIUSEPPE CALABRESE  
(Name)

1900 E. 4 Th. Ave.

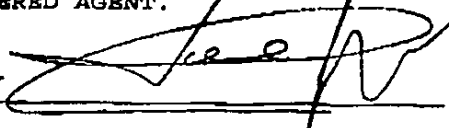
(P. O. BOX NOT ACCEPTABLE)

Hialeah, FL 33010

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE x



DATE

9-11-95

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