## CAPITAL CONNECTION, INC. 73955

417 E. Virginia St., Suite 1, Tallahassee, Fl. 32301, (904)224 8870 Mailing Address: Post Office Box 10349, Tallahassee, Fl. 32302 TOLL FRI E No. 1 800 342 8062 FAX (904) 222-1222

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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

#### ARTICLES OF INCORPORATION

<u>OF</u>

GARCIA LAUNDRY INC

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

#### ARTICLE I NAME

The name of the corporation shall be:

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2502 NW 2 ST POMPANO BEACH FL 33069

#### ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$1.00 EACH PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

RUFINA AGUIRRE 2502 NW 2 ST POMPANO BEACH FL 33069

#### ARTICLE V INCORPORATOR(S)

The name (s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

CARLOS GARCIA 2502 NW 2 ST POMPANO BEACH FL 33069

RUFINA AGUIRRE 2502 NW 2 ST POMPANO BEACH FL 33069

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this 3 day of SEP of 1996

× Signature

Signature

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 nan	ne of the corporation is:_	GARCIA LAUN	DRY, INC	E 95
	•			11 - 6
2. The nam	e and address of the reg	istered agent and	office is:	EN FLOREZ
	RUFINA AGUIRRE			\$ 10°
_	2502 NW 2 ST	(Name)		
	(P.O. )	Box not acceptable)		
_	POMPANO BEACH FL			
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laving been robove stated comply with ance of my distributed as	named as registered agen orporation at the place o nt as registered agent the provisions of all state uties, and I am familiar wi gent.	it and to accept s esignated in this d agree to act in utes relating to th ith and accept the	service of proc certificate, I I this capacity, le proper and le cobligations of	tess for the hereby accept I further agree complete perfor- if my position
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			(Date)	