

TRANSMITTAL LETTER

96000093601

Department of State  
Division of Corporations  
P.O. Box 627  
Tallahassee, FL 32314

SUBJECT: Doctor Dryclean Inc  
(Proposed corporate name - must include suffix)

000001936090--5  
-11/05/96--01101--020  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

☒ \$70.00    ☐ \$78.75    ☐ \$122.50    ☐ \$131.25

FROM: Doctor Dryclean Inc  
Name (printed or typed)

1931 NW 97th Terrace  
Address

Coral Springs FL 33071  
City, State & Zip

(954) 340-8679  
Daytime Telephone number

FILED  
96 NOV 15 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11/15  
R.A. Art.  
~~11/15/96~~  
NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 7, 1996

DOCTOR DRYCLEAN INC  
% LARY LEEDSA  
1931 NW 97TH TERRACE  
CORAL SPRINGS, FL 33071

SUBJECT: DOCTOR DRYCLEAN INC.  
Ref. Number: W96000023715

*\* Enclosed  
is 2 copies of  
Cert. of a Regist. Agent  
designated*

*Also My Name is mis spelled  
It is Larry Leeds*

We have received your document for DOCTOR DRYCLEAN INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

**\*\*PLEASE INCLUDE THE CERTIFICATE DESIGNATING THE REGISTERD AGENT\*\*\*\***

Please return 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 (904) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 196A00051157

**ARTICLES OF INCORPORATION**

**OF**

Doctor Dryclean 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:

Doctor Dryclean Inc

96 NOV 15 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**ARTICLE II PRINCIPAL OFFICE**

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

1931 NW 97<sup>th</sup> Terrace  
Coral Springs Fl. 33071

**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  
\$ 1 Par Value

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Larry Leeds  
1931 NW 97<sup>th</sup> Terrace  
Coral Springs Fl. 33071


**ARTICLE V INCORPORATOR(S)**

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

Larry Leeds  
1931 N.W 97<sup>th</sup> Terrace  
Coral Springs Fl. 33071

The undersigned has(have) executed these Articles of Incorporation this

30 day of October, 19 96.

 President

Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Doctor Dryclean Inc

2. The name and address of the registered agent and office is:

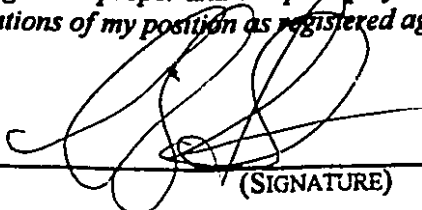
Larry Leeds  
(NAME)

1931 NW 97th Terrace  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Coral Springs Fl. 3307  
(CITY/STATE/ZIP)

FILED  
96 NOV 15 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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 I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

11-10-96  
(DATE)