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**P98000020143**

OFFICE USE ONLY (Document #)

**LAZARUS CORPORATE FILING SERVICE, INC.**

(Requestor's Name)

**3320 S.W. 87th AVENUE**

(Address)

**MIAMI, FLORIDA (305)552-5973**

(City, State, Zip) (Phone #)

**LOCAL REPRESENTATIVE TALLAHASSEE**

**400002445384--3**  
 -03/03/98--01049--008  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. **DRY CLEANING MARY'S INC.**  
 (Corporation Name) (Document #)

2. \_\_\_\_\_  
 (Corporation Name) (Document #)

3. \_\_\_\_\_  
 (Corporation Name) (Document #)

4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time **2:00** ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
 98 MAR -3 PM 12:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

RECEIVED  
 98 MAR -3 AM 11:28  
 DIVISION OF CORPORATION

Examiner's Initials

K. MAR 3 1998

FILED  
98 MAR -3 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

DRY CLEANING MARY'S INC.

ARTICLE I

THE NAME OF THE CORPORATION IS:

DRY CLEANING MARY'S INC.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZES TO ISSUES IS 1000 SHARES AT \$1.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$1,000.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE --  
CORPORATION IN THIS STATE SHALL BE:

653 N.E. 73 STREET MIAMI, FLORIDA 33138

ARTICLE VII

THE NAME(S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

MARITZA MONCADA  
653 N.E. 73 STREET MIAMI, FLORIDA 33138

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF ONE DIRECTORS WHOSE NAME AND ADDRESS ARE AS FOLLOWS:

MARITZA MONCADA  
653 N.E. 73 STREET MIAMI, FLORIDA 33138

ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

MARITZA MONCADA  
653 N.W. 73 STREET MIAMI, FLORIDA 33138

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THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS TWO DAYS OF MARCH OF 1998.

MARITZA MONCADA  
PRESIDENT

Maritza Moncada  
SIGNATURE

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

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: DRY CLEANING MARY'S INC.

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

NAME  
653 N.E. 73 STREET

(P.O. BOX NOT ACCEPTABLE)  
MIAMI FLORIDA, 33138

(CITY/STATE/ZIP)

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 *Maritza Moncada*

DATE: MARCH 2, 1998.

FILED  
98 MAR -3 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA