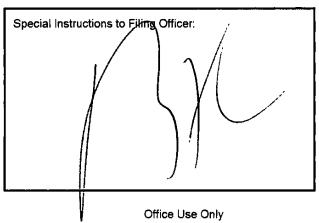
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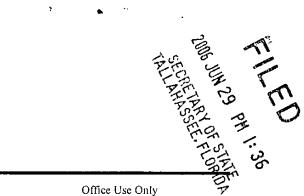
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CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165 305-552-5973



CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.56 Certified Copy Mail out ☐ Certificate of Status Will wait ☐ Photocopy **NEW FILINGS AMENDMENTS** Profit L Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other ☐ Merger **OTHER FILINGS REGISTRATION/QUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership **R**einstatement Trademark Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability C	ompany is:
Renew SOFTWASH OF MIAMI	, LLC
(Must end with the words "Limited Liability Co	mpany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14359 SW 127 STREET	14359 SW 127 STREET
MIAMI, FL 33186	MIAMI, FL 33186
	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or anothers on.) ress of the registered agent are:
The name and the Florida street add	ress of the registered agent are:
GREGO	RY M NOWICKI
	Name Fig. 3
14359 S	v 127 STREET rida street address (P.O. Box NOT acceptable)
•	rida street address (P.O. Box <u>NOT</u> acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Ma "MGRM" = N	inager Managing Member	Name and Address:
MGR MGR	, ,	GREGORY M NOWICKI
		14359 SW 127 STREET
		MIAMI, FL 33186
MGRM		KATHERINE NOWICKI
		14359 SW 127 STREET
		MTAMT, FT. 33186
		
	ent if necessary)	
LE V: Effect fective date is days after th	ive date, if other than the	date of filing: (OPTION e specific and cannot be more than five business d
LE V: Effect fective date is days after th	ive date, if other than the s listed, the date must be e date of filing.) SIGNATURE:	e specific and cannot be more than five business d
LE V: Effect fective date is days after th	ive date, if other than the s listed, the date must be e date of filing.) SIGNATURE:	
LE V: Effect fective date is days after th	ive date, if other than the s listed, the date must be e date of filing.) SIGNATURE: Signature of a numbe (In accordance with sec of this document consti	r or an authorized representative of a member. Action 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
LE V: Effect fective date is days after th	ive date, if other than the s listed, the date must be e date of filing.) SIGNATURE: Signature of a numbe (In accordance with sec of this document constitute the facts stated h	r or an authorized representative of a member. Action 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)