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COVER LETTER

| TO: | Registration S Division of Co | | · | | |
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| SUBJE | ст: | lean | Star (Name of Limit | Enter Lied Liability Company) | prises LC |
| The enc | losed Articles of | of Organizatio | on and fee(s) are | submitted for filing. | |
| Please r | eturn all corres | pondence cor | ncerning this matt | ter to the following: | |
| - | | Kat | nerine | Sarah | |
| | | • | | (Name of Person) | , |
| _ | | | | (2) | |
| | | _ | _ | (Firm/Company) | |
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| For furtl | her information | concerning t | his matter, please | e call: | |
| | | | | _ at ()(Area Code & Daytime Tel | |
| | (Name | e of Person) | | (Area Code & Daytime Tel | ephone Number) |
| Enclose | ed is a check f | or the follo | wing amount: | , | |
| ⊒\$ 125.0 | 00 Filing Fee | | O Filing Fee & ate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| , | | Division P.O. Box | on Section of Corporations | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301 | S |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | • |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| Clean Start Enter (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC | <u>Prises</u> LLC |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Lim | ited Liability Company is: |
| Principal Office Address: Mailing Address: | |
| 6980 Weatherwood Dr. Same Pensacola FL 32506 | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent. You must designate business entity with an active Florida registration.) | |
| The name and the Florida street address of the registered agent are: Kathlyi NI Sacah Name 6980 Weathly Oct D Florida street address (P.O. Box NOT accepta Pensaco 9, FL 3250 k City, State, and Zip | ble) |
| Having been named as registered agent and to accept service of process liability company at the place designated in this certificate, I hereby a registered agent and agree to act in this capacity. I further agree to con all statutes relating to the proper and complete performance of my duti and accept the obligations of my position as registered agent as provide Registered Agent's Signature (REQUIRED) | ccept the appointment as mply with the provisions of ies, and I am familiar with |
| registered Agent's Signature (REQUIRED) | O TAL |
| (CONTINUED) | 7 DEC 18 P |

Page 1 of 2

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

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

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

FILED DEC 18 PM 1:42