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Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

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<u> </u>	(City/S	State and Zip Code)	
For further information co	oncerning this matter, please of	eall:	
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leter) c		at (Area Code & Daytime Te	lephone Number)
(3.		*	,
Enclosed is a check for	the following amount:		
	\$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
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CTDET.	"T" A TREATED DOWN.	SAPALI (NIC. A.)	

STREET ADDRESS; Registration Section

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 27, 2005

PETER D. SOROFMAN AQUA CLEAN POWER WASH 15104 STERLING OAKS DRIVE NAPLES, FL 34110

SUBJECT: AQUA-CLEAN POWER WASH

Ref. Number: W05000035656

We have received your document for AQUA-CLEAN POWER WASH and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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 (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 105A00048884

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Agua-Clean Power Work	TTC		
ARTICLE II - Address:			
The mailing address and street address of the pri	incipal office of the Limited Liability C	ompany	is:
Principal Office Address:	Mailing Address:		
15104 Sterling Oaks Dr	Sane	_	
Naples, 11 34110)			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signatu	− ıre;;	
The name and the Florida street address of the re	egistered agent are:	SCIO.	2 constant
Sennifer A.	Dorsey		-
Name			ं ? : - शक ्
15104 Sterling	Ochs Dr	HID: (
Florida street add	iress (P.O. Box NOT acceptable)	20	
Naples By	FL 34110		
City, State, a	and Zip		

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

(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: Title: "MGR" = Manager Name and Address: "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. 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)