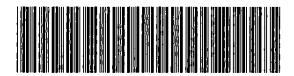
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE
AMASSEF FLORIDA

ORACT IO PMD: 2

COVER LETTER

TO: Registration S Division of Co			•	
ourser DB C	lean & Recover	HC		
SUBJECT: DD C		ed Liability Compa	ny)	
TI 1 1 4 4 1	50 · · · · 15 · ()	1 20 16 62		
	of Organization and fee(s) are s	-		
Please return all corresp	oondence concerning this matte	er to the following:	:	
Dennis N				
	((Name of Person)		
DB Clea	n & Recover LL			
	•	(Firm/Company)		
1628 Cetona Dr				
		(Address)		
Boynton	Beach, Fl. 3343			
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:		
Dennis M Brown		_at (_ 561)	436-9357	
(Name	e of Person)	(Area Code	& Daytime Telephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Cop (additional copy	y Certificate of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bio 2661 Execution 1	of Corporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	S:		
DB Clean & Recover LLC			
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Lia	ability Company is:	
Principal Office Address:	Mailing Address:		
1628 Cetona Dr.	1628 Cetona Dr		
Boynton Beach, Fl 33436	Boynton Beach, FI 33436		
(The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the Dennis M Brown Name	registered agent are:	08 OCT 10 SECRETAR' TALLAHASS	
1628 Cetona Dr			
1628 Cetona Dr Florida street address (P.O. Box NOT acceptable) Boynton Beach Fl Fl 33436			
City, State,		Direction of the second	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p accept the obligations of my position as regi	this certificate, I hereby accept the ity. I further agree to comply with erformance of my duties, and I am	e appointment as the provisions of all 1 familiar with and	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:	14	Name and Address:
	= Manager " = Managing Member	
'MGR" De	nnis M Brown	1628 Cetona Dr.
		Boynton Beach, Fl. 33436
"MGR" M	lonica Brown	1628 Cetona Dr.
		Boynton Beach, Fl. 33436
(Use atta	chment if necessary)	
ARTICLE V: E	ffective date, if other than the	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
	er the date of filing.)	be specific and cannot be more than five business days prior
REQUI	RED SIGNATURE:	بخد است
	Denn	is M Brown 55 8 Th
		iber or an authorized representative of a member.
	(In accordance with of this document corthat the facts state	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
	Dennis M	
	•	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)