

Division of Corporations

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L12000127038Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPOLICENSE, INC
Account Number : 120050000118
Phone : (305) 774-9606
Fax Number : (305) 774-9660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: caliche.torres@gmail.comFLORIDA LIMITED LIABILITY CO.
H2O CLEAN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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C. LEWIS

OCT -5 2012

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

H12000242182

Miguel I. Torres
14591 SW 37th Street
Miramar, Florida 33027

September 28, 2012

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
New Filings Section
Tallahassee, Florida**

Dear Srs;

You have on your records a corporation named **H2O CLEAN LLC** that is **Inactive/Unavailable, and belongs to me, but I have no intention to reinstate it.** Please release the name in order to register again.

Thanks in advance, and feel free to contact me if you have any questions.



Miguel I. Torres
Manager Member

H12000242182

H12000242182

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
H2O CLEAN, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

H2O CLEAN, LLC

EIN # 20-3589127

ARTICLE II - ADDRESS:

The mailing address and street address of the principle office of the Limited Liability Company is:

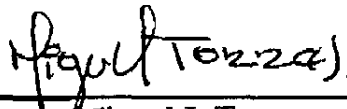
Principal Office Address:

14591 SW 37th Street
Miramar, FL 33027

Mailing Address:

14591 SW 37th Street
Miramar, FL 33027

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:



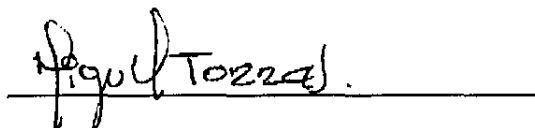
Miguel I. Torres
14591 SW 37th Street
Miramar, FL 33027

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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.



Miguel I. Torres

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ARTICLE IV - Management/Member(s):

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

TITLE: **NAME AND ADDRESS:**

MGRM	Miguel I. Torres 14591 SW 37th Street Miramar, FL 33027
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(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)

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