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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PetraClean, LLC
Name of Limited Liability Company.
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Agostino
Name of Person
PetraClean, LLC Firm/Company
<i>ниос</i> отрану
1191 Redbird Avenue Address
Miami Springs, FL 33166 City/State and Zip Code
Petraclean@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Agostino at (786) 587-8493 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$125.00 Filing Fee
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
PetraClean, LLC (Must end with the words "I.	imited Liability C	Company, "L.L.C.	," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the	Limited Liability	Company is:	
Principal Office Address:	Mailing	g Ad <u>dress:</u>		
1191 Redbird Avenue Miami Springs, FL 33166		Redbird Avenue Springs, FL 33		
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg	ts own Registered	red Agent's Sign I Agent. You mus	a ture: It designate an ind	ividual or
The name and the Florida street address of the reg	gistered agent are:			
James Agostino	Name		_	
1191 Redbird Avenue Florida street address (P.	O. Box NOT acc	eptable)	_	
Miami Springs	FL	33166		
City·		Zip		
Having been named as registered agent and to act the place designated in this certificate. I hereby capacity. I further agree to comply with the proof my duties, and I am familiar with and accept	y accept the appoi visions of all statu	intment as register tes relating to the f pry position as re	red agent and agra proper and comp	ee to act in this lete performance
(COI	NTINUED) age 1 of 2	one,	TALLAHASSEE, FLOR	FILED

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Iris M. Solares 1191 Redbird Avenue Miami Springs, FL 33166
AMBR	Jessica Alvarez
	1191 Redbird Avenue Miami Springs, FL 33166
	·
(Use attachment if necessary)	
ective date is listed, the date must be spendfiling.) E VI: Other provisions, if any.	of filing:
ective date is listed, the date must be spend of filing.) EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information that the section 60 constitutes any false information under 1 am aware that any false information that any false information under 1 am aware that any false information that any false information under 1 am aware that any false information under 1 are 1 and 1 are 1 a	ecific and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information that the section 60 constitutes any false information under 1 am aware that any false information that any false information under 1 am aware that any false information that any false information under 1 am aware that any false information under 1 are 1 and 1 are 1 a	embet from authorized representative of a member. 15.02/3 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false infort constitutes a third degree felon James Agostino	entific and cannot be more than five business days prior to or 90 centres of a member. 15.02/3 (1) (b), Florida Statutes, the execution of this document entitle penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.) Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information to constitutes a third degree felon James Agostino \$125.00 Filing Fee for Articles of Organical Constitutes of Organical Constitutes and State Constitutes at the constitutes at	ecific and cannot be more than five business days prior to or 90 center in authorized representative of a member. 15.02/3 (1) (b). Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent

ARTICLE IV-