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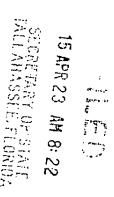
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Division of Corporations	
SUBJECT: Clean Bar Box 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:
Zackary Stephenson	
	Name of Person
Clean Bar Box LLC	
	Firm/Company
<u>5863 SW 89 Теггасе</u>	Address
	7.44.1.000
Cooper City, FL, 33328	City/State and Zip Code
stephenson_zack@yahoo.com E-mail address: (to be u	
For further information concerning this matter, p	
to faith morniagon concerning and matter, p	icase can.
Zackary Stephenson at Name of Person	( 954 ) 8020263  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Clean Bar Box LLC		
	ited Liability Company, "L.L.C.," or "LLC	<del>"")</del>
ARTICLE II - Address:		
The mailing address and street address of the principal	al office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
5863 SW 89 Terrace	5863 SW 89 Terrace	
Cooper City, FL	Cooper City, FL	<del></del>
33328	33328	<del></del>
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registration of the project address of the registration of the project address of the registration.	own Registered Agent. You must designate ation.)	an individual or
The name and the Florida street address of the register	ered agent are:	
Zackary Stephenson	<del></del>	
Na	ame	
5863 SW 89 Terrace		
Florida street address (P.O.	Box NOT acceptable)	
Cooper City	FL 33328	
City	Zip	
Having been named as registered agent and to accep the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ccept the appointment as registered agent ar ons of all statutes relating to the proper and	nd agree to act in this l complete performance
Begistered Agent's Si	gnature (REQUIRED)	15 APR 2 DECRETAGE LLIAHAS
(CONTI	NUED)	
Page 1	•	1 8: 22

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Zackary Stephenson
	5863 SW 89 Terrace Cooper City, FL, 33328
	OODS1 OILY, 1 L, 00020
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Page 2 of 2