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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:

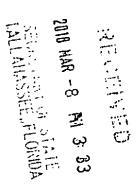
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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE	3/8/201	<u>18</u>	************	FB.7st-s
			₩ ALK	1/4**
ENTITY	NAME_	PUSH CLEAN US, LLC		·
DOCUMI	ENT NUN	MBER		
		PLEASE FILE THE ATTACHED AND RETURN		
xxxx	(XX	Plain Copy		
		Certified Copy		
		Certificate of Status		
		Certified Copy of Arts & Amendments Certificate of Good Standing	18	
		**APOSTILLE' / NOTARIAL CERTIFICATION **	MAR -8 PM	
COUNTR	24 OF DES	STINATION	_ [] _ (2)	•
NUMBER	R OF CER	PTIFICATES REQUESTED	- -	
TOTAL	OWED_	\$150.00 CHECK # 4615		
Please	call Tin	ia at the above number for any issues or concerns. Thank you so m	euch!	

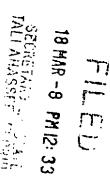
Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Push Clean US, LLC M12 6000 3804
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Delaware (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
5/9/2012 on
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Push Clean US, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 8th day of March	20_18
Signature of Authorized Representative of Limi	ited-biability Company:
Signature of Authorized Representative: Printed Name: Danielle Gossman	Title: Attorney-in-Fact
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: Danielle Gossman	Title: Attorney-in-Fact
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	tv Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

FILED

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SECRETAL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan			
The name of the Li	mited Liability Company	is:	
Push Clean US, LLC			
	st contain the words "Limited Lial	bility Company, "L.L.C.," or "	LLC.")
ARTICLE II - Ad	dress:		
		principal office of the	Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:	<u>.</u>
436 Alamanda Drive		436 Alamanda Drive	
Hallandale Beach, FL.	33009	Hallandale Beach, FL	. 33009
· · · · · · · · · · · · · · · · · · ·			
(The Limited Liability Co business entity with an a	egistered Agent, Registe: impany cannot serve as its own Rective Florida registration.) Florida street address of the Lopez Levi Lowenstein Glins	egistered Agent. You must desi	ed Agent's Signature: gnate an individual or another
		ume	
	201 Alhambra Circle, Ste 701		
	Florida street address (F	P.O. Box NOT acceptab	ole)
	Coral Gables	FL 33134	
	City	Zip	
liability compo registered agent o statutes relating	any at the place designated and agree to act in this cap to the proper and comple igations of my position as	d in this certificate, I her pacity. I further agree to te performance of my du registered agent as pro- ignature (REQUIRED)	ocess for the above stated limited reby accept the appointment as comply with the provisions of aluties, and I am familiar with and wided for in Chapter 605, F.S

(CONTINUED)



ARTICLE IV-	
The name and address of each person authorized to manage and control the Limited Liab	ility
Company:	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	LISLIE VAINSTOK
MOK	436 Alamanda Drive
	Hallandale Beach, FL 33009
	Hallandate Beach, 12 55007
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
222 · · · · · · · · · · · · · · · · · ·	

Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Danielle Gossman, Attorney-in-Fact

Typed or printed name of signee

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agents
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)