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COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJEC	Clearview Pressure Wash LLC
SOBJE	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Jules Ambouroue
	Name of Person
	Clearview Pressure Wash LLC
	Firm/Company
	22434 Oakville Dr
	Address
	Land O Lakes, FL 34639
	City/State and Zip Code
	ja@clearviewpressurewash.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Jules Ambouroue 813 629-5603
	Name of Person Area Code Daytime Telephone Number
Enclosed	I is a check for the following amount:
\$125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certified copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLE I - N

The name of the Limited Liability Company is:

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Clearview Pressure Wash, LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	

•	ontain the words "Limited I		,	
ARTICLE II - Address: The mailing address and street	u - dansa ufiha minajhal a	ffice of the Limited I	Liability Company is:	
The mailing address and street	actives of the himelbut o	ince of the Billion		
<u>Prin</u>	cipal Office Address:		Mailing Address:	
22434 Oakville D	т	22434	4 Oakville Dr	
Land O Lakes, FL		Land	O Lakes, FL	
34639		34639	9	<u>-</u>
ARTICLE III - Registered . (The Limited Liability Companither business entity with	any cannot serve as its own an active Florida registratio	Registered Agent. 1	Ou must designate an ind. viuda	
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place designated in this certificate, I hereby accept the appointment as registered agent and agree to ad 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! am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registeres Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager MGR Jules Ambouroue 22434 Oakville Dr Land O Lakes, FL 34639 AMBR Jacqueline Ambouroue 22434 Oakville Dr Land O Lakes, FL 34639 (Use attachment if necessary) The Land O Lakes, FL 34639 (Use attachment if necessary) The Land O Lakes, FL 34639 (OPTIONAL) Iffective date, if other than the date of filing: Obio 18		Name and Address:
AMBR Jacqueline Ambouroue 22434 Qakville Dr Land O Lakes, FL 34639 AMBR Jacqueline Ambouroue 22434 Qakville Dr Land O Lakes, FL 34639 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 06/04/2018 (OPTIONAL) Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be exament's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: 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.81 (1.55 F.S.) Jules Ambouroue Typed or printed hear at signee Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	"AMBR" = Authorized Member	
AMBR Jacqueline Ambouroue 22434 Qakville Dr Land O Lakes, FL 34639 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 06/04/2018 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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.81 [155 F.S.] Jules Ambouroue Typed or printed have to signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	-	Julius Ambaurana
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