L22000361691

(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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800392243678

S. CHATHAM

TALLANDON MANAGEMENT

7099

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		}	
Energy Clean LLC			
			
			
			 Art of Inc. File
			 ETD Partnership File
			 Foreign Corp. File
			 L.C. File
			 Fictitious Name File
			 Trade/Service Mark
			 Merger File
			 Art, of Amend, File
			 RA Resignation
			 Dissolution / Withdrawal
			 Annual Report / Reinstatement
			 Cert. Copy
			 Photo Copy
			 Certificate of Good Standing
			 Certificate of Status
			 Certificate of Fictitious Name
			 Corp Record Search
			 Officer Search
			 Fictitious Search
Signature			 Fictitious Owner Search
Signature			 Vehicle Search
	 		 Driving Record
Requested by: SN	00/10/22		 UCC 1 or 3 File
	$\frac{08/18/22}{2}$	Time	 UCC 11 Search
Name	Date	THIC	 UCC 11 Retrieval
Walk-In	Will Pick Up ∞		 Courier

		со	VER LETTER		
TO:	New Filing S Division of C	ection Orporations			
SUBJEC	ENERGY	Y CLEAN LLC.			
		Name of Lir	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enel	losed Articles (of Organization and fee(s) an	e submitted for filing.		
Please re	turn all corres	pondence concerning this ma	ntter to the following:		
	MIOSOTY	'CARRIL			
			Name of Person		
	MICHAEL	. K. FISH CPA PA			^ 1 'D
			Pirm/Company		
	7700 N KE	NDALL DRIVE SUFIE 405	\$		
			Address		
	MIAMI, FI	. 33156			
	MCAPPILZ	Ci RMKFISHCPA.COM	ity/State and Zip Code		C) 3.8
	**		for finare annual report notificat	inst	
For further		oncerning this matter, please		ion,	
	MIOSOTY	CARRIL 30:	5 279-8484		
	Nan	ne of Person Ari	ca Code Daytime Telephon	e Number	
Enclosed	is a check for t	the following ansount:			
管\$125.0	0 Fiffing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl\$160.00 Filing Fee, Curtificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations

Street Address New Filing Section Division The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ENERGY CLEAN	LLC.		_
(Must con	ntain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
he mailing address and street	address of the principal office	of the Limited Liability Company is:	
<u>Princi</u>	pal Office Address:	Mailing Address:	
	DRIVE SUITE 405	7700 N KENDALI, DRIVE SUITE 405	
MIAMI, FL 33156		MIAMI, FL 33156	
ARTICLE III - Registered Ag	gent, Registered Office, & Re	egistered Agent's Signature:	,
ARTICLE III - Registered Ap The Limited Liability Compan another business entity with an	gent, Registered Office, & Ro ly cannot serve as its own Reg		
The Limited Liability Compan another business entity with an	gent, Registered Office, & Re by cannot serve as its own Reg bactive Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or	(_ /.:
The Limited Liability Compan mother business entity with an	gent, Registered Office, & Ro ty cannot serve as its own Reg (active Florida registration.) (address of the registered age)	egistered Agent's Signature: istered Agent. You must designate an individual or	(-/:3)
The Limited Liability Compan mother business entity with an	gent, Registered Office, & Ro by cannot serve as its own Reg (active Florida registration.) t address of the registered ago:	egistered Agent's Signature: istered Agent. You must designate an individual or it are:	0/5375
The Limited Liability Compan	gent, Registered Office, & Ro ty cannot serve as its own Reg (active Florida registration.) (address of the registered age)	egistered Agent's Signature: istered Agent. You must designate an individual or it are:	
The Limited Liability Compan mother business entity with an	gent, Registered Office, & Ro by cannot serve as its own Reg (active Florida registration.) t address of the registered ago:	egistered Agent's Signature: istered Agent. You must designate an individual or it are:	10 73
The Limited Liability Compan another business entity with an	gent, Registered Office, & Ro ty cannot serve as its own Reg (active Florida registration.) t address of the registered age (MICHAEL K. FISH)	egistered Agent's Signature: istered Agent. You must designate an individual or it are: THE SOUTH 405	
The Limited Liability Compan another business entity with an	gent, Registered Office, & Ro ty cannot serve as its own Registeration.) t address of the registered agei MICHAEL K. FISH Nat	egistered Agent's Signature: istered Agent. You must designate an individual or it are: THE SOUTH 405	10 73

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. Thereby 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" + Authorized Member "MGR" + Manager	Name and Address:
AMBR	VERONICA TADDEI 7700 N. KENDALI, DRIVE SUFFE 405 MIAMI, FL. 33156
AMBR/MGR	ALEJANDRO TADDEI 1008 JEFFERSON AVENUE APT 304 MIAMI BEACH, FL, 33139
AMBR	LEANDRO MARCELO RAMOS 7700 N KENDALL DRIVESCUTIL 405 MIAMI, FL 33156
AMBR	ENRIQUE ANGEL TADDEI 7700 N KENDALL, DRIVE SUITE 405 MIAMI, FL 33156
(Use attachment if necessary)	
ICLE Y: Effective date, if other than the neffective date is listed, the date must hate of filing.) If the date inserted in this block does a focument's effective date on the Departn	edate of filing: <u>8/15/2022</u> . (OPTIONAL) ne specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.
ICLEY: Effective date, if other than the neffective date is listed, the date must hate of filing.) If the date inserted in this block does a focument's effective date on the Departn	oe specific and cannot be more than five business days prior to or 90
TCLE V: Effective date, if other than the n effective date is listed, the date must b late of filing.) Effective date is serted in this block does a focument's effective date on the Departm ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory lifting requirements, this date will not ment of State's records.
TICLE V: Effective date, if other than the n effective date is listed, the date must h late of filing.) E: If the date inserted in this block does a document's effective date on the Departn TICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of date on a sware that any	oe specific and cannot be more than five business days prior to or 90

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)