Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____client@alexpina.co

KECELVED 3JUN 13 AM 9:05

FLORIDA LIMITED LIABILITY CO. CLEAN RESTORATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2029 JUN 13 PM 6: 00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLEAN RESTORATION LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
10700 NW 66TH ST APT 403	10700 NW 66TH ST APT 403
DORAL, FL 33178	DORAL, FL 33178

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Principal Office Address:

ALEX PINA CO.		
	Name	
8400 NW 36TH ST	STE 450	
Florida street addres	is (P.O. Box <u>NOT</u> ac	cceptable)
DORAL	FL	33166
City	State	Zip

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, I hereby 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)

To:

13056023977

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

"MGR" = Manager AMBR INMOVEN USA CORP 10700 NW 661H ST APT 403 DORAL FL 33178 AMBR V222 ENTERPRISES U.C. 5646 (PSOM I.N. DAVIE, FL 2331) (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cament's effective date in seried in this block does not meet the applicable statutory filing requirements, this date will not be cament's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section (015.021)2 (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. PASCUAL SIMONELLI Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate of Status (Optional)	"MGR" = Manager AMBR	10700 NW 66TH ST APT 403
AMBR INMOVEN USA CORP 10700 NW 651H ST APT 403 DORAL FL 33178	AMBR	10700 NW 66TH ST APT 403
AMBR V222 ENTERPRISES LLC 5940 EPSOM IN DAVIE, FL 32331 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day to 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. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section (08,0203 (1) (b), Florida Statutes. I am aware that any filiable information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. PASCUAL SIMONELLI Typed or printed name of signee Filing Fees; \$ 10,00 Certifical Copy (Optional) \$ 5.00 Certificate of Status (Optional)		10700 NW 66TH ST APT 403
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