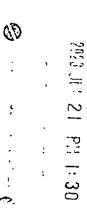
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(Requesto	r's Name)
(Address)	
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(City/State	:/Zip/Phone #)
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PICK-UP	WAIT MAIL
(Business	Entity Name)
40.0000	A Musebank
(Documen	it Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Office	cer;

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PALLAHASSFE FLOGRA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE //21/23	**WALK IN**
ENTITY NAME SoFloCI	eanWater, LLC
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
	Plain Capy
	Certified Copy Certificate of States
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete Filo (Inclading Annual Reports) Certificate of Status
	Certificate of Status Reflecting.
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION NUMBER OF CERTIFICATES	
TOTAL OWED \$ 15.5	ACCOUNT # 120140000108 With United Corporate United Corporate Services, Inc. Above number for any issues or concerns, Thank you so much!
Please call Tina at the	above number for any issues or concerns. Thank you so much!

COVER LETTER

TO:	New Filing Se Division of Co			
SUBJE	ст: <u>SoF</u> I	oCleanWater, LLC		
		Name of Li	mited Liability Company	
The enc	losed Articles o	f Organization and fee(s) a	re submitted for filing.	
Please re	eturn all corresp	ondence concerning this m	atter to the following:	
	Richard C	C. Slisz		
			Name of Person	
	Law Offic	ce of Richard C. Slisz		
			Firm/Company	
	14 Lafave	ette Square, 1700 Rand	Building	
	<u> </u>	and oqualog 1 more and	Address	
	Buffalo, I	New York 14203	City/State and Zip Code	
	rcs@slisz		Sity State and Zip Code	
			I for future annual report notificat	ion)
Can fireha			·	
rot lutitie	r intormation ce	oncerning this matter, pleas	e can.	
	Vincent A	. DiRe, Jr. at (561) 539-1393	
	Nan		rea Code Daytime Telephon	ne Number
Enclosed	is a check for (the following amount:		
□ \$ 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Maili	ng Address	Street Address	
	New I	iling Section	New Filing Section D	
		on of Corporations	The Centre of Tallahi	
		Box 6327	2415 N. Monroe Stre	-
	Tallah	nassee, FL 32314	Tallahassee, FL 3230	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SoFloCleanV	Vater, LLC		
(Must co	ontain the words "Limited L	iability Company	, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and stree	t address of the principal off	fice of the Limite	l Liability Company is:
<u>Princ</u>	tipal Office Address:		Mailing Address:
480 Hibisons S	treet, Apt. 904	481	Hibiscus Street, Apt. 904
West Palm Bea	sgent, Registered Office, & ny cannot serve as its own R	Registered Age	st Palm Beach, FL 33401
West Palm Bea	agent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a	Registered Agent) agent arc:	st Palm Beach, FL 33401
West Palm Bea RTICLE III - Registered A The Limited Liability Compa nother business entity with a	nch, FL 33401 Agent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a United Corporate Serv	Registered Agent) agent arc:	st Palm Beach, FL 33401
West Palm Bea RTICLE III - Registered A The Limited Liability Compa nother business entity with a	nch, FL 33401 Agent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a United Corporate Serv	Registered Agent. A Registered Agent. A Registered Agent. A Registered Agent. A Registered Agent.	st Palm Beach, FL 33401
West Palm Bea RTICLE III - Registered A The Limited Liability Compa nother business entity with a	nch, FL 33401 Agent, Registered Office, & my cannot serve as its own R n active Florida registration et address of the registered a United Corporate Servi	Registered Agent. Agent arc: iccs, Inc. Name	nt's Signature: You must designate an individua
West Palm Bea RTICLE III - Registered A The Limited Liability Compa nother business entity with a	igent, Registered Office, & ny cannot serve as its own R n active Florida registration et address of the registered a United Corporate Servi	Registered Agent. Agent arc: iccs, Inc. Name	nt's Signature: You must designate an individua

e 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.

Michael A. Barr
Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Linbility Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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. ARTICLE 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 lelony as provided for in s.817.155, F.S.

Vincent A. DiRe, Jr.

Typed or printed name of signee

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)