

L23000530850

Florida Department of State
Division of Corporations
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(((H23000410758 3)))



H230004107583ABC/

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

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

Email Address: LP@papaleo.com

FLORIDA LIMITED LIABILITY CO.
Optimum Pressure Cleaning, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
2023 DEC -1 PM 1:22
HALL COUNTY

15

H23000410758

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Optimum Pressure Cleaning, LLC

(Must end with 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:

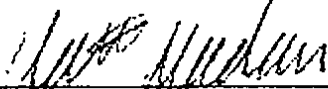
<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>416 SW 27th Ave</u>	<u>416 SW 27th Ave</u>
<u>Delray Beach, FL 33445</u>	<u>Delray Beach, FL 33445</u>

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:

<u>Matteo Madani</u>	
Name	
<u>416 SW 27th Ave</u>	
Florida street address (P.O. Box NOT acceptable)	
<u>Delray Beach</u>	<u>FL 33445</u>
City	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 607, F.S.



Registered Agent's Signature (REQUIRED)
Matteo Madani

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Matteo Madani

416 SW 27th Ave

Delray Beach, FL 33445

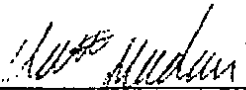
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Matteo Madani

Typed or printed name of signer

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FAX

Date: 12.01.2023 11:40

Remaining pages: 4

From:	
Company:	
Location:	
Phone number:	
Fax number:	305 774-9660

To:	CORPOLICENSE INC
Company:	
Location:	15767 SW 61st Street
Phone number:	3057749606
Fax number:	850 617-6381
Regarding:	CORPORATION REGISTRATION

Comments:
THANKS FOR YOUR ASSISTANCE.