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COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT:	ean Glow Name of Lim	LLC ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
Glor	imar Cotto	Name of Person	
Clea	n Glow Ll		
<u> 3</u> 525	5 Anostasia	Address	
<u>Sout</u> Clean	alow 386(a)	FL 32119 ty/State and Zip Code 2mail · Com future annual report notification	ion)
For further information co	ncerning this matter, please	call:	
<u>Glorimo</u>	······································	ea Code Daytime Telephon	885 e Number
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	✓\$130,00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailir</u>	ng Address	Street Address	S. S

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office o	of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2525 Anastasia Dr. South Daytona, FL 32119	2625 Anastesia Dr. South Daytonc, Flaslig			
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent	are:			
Glorimar Co	otto			
Nam	e			
2525 Anastasia Dr.				
Florida street address (P.O. Box NOT acceptable)				
South Navtona	F(32119			
City	State Zip			
Having been named as registered agent and to accept service of p place designated in this certificate. I hereby accept the appointme further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regi	ent as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I			
Heuman Registered A	gent's Signature (REQUIRED)			

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Glorimar Cotto 2525 Anastasia Dr. South Daytona Fl 32119
<u></u>	
(Use attachment if necessary)	<u></u>
If an effective date is listed, the date must be spe he date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

Glorimar Cotto
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)