119000010455

(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:						
RA SIGN						
/1. // -						

Office Use Only



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19 0CT 28 AM 6: 10 SECRETARY OF STATE

K. SALY OCT 3 1 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 026796 7567450

AUTHORIZATION : XXXIII BO COR

COST LIMIT : \$/125.00

ORDER DATE: October 28, 2019

ORDER TIME : 3:08 PM

ORDER NO. : 026796-005

CUSTOMER NO: 7567450

FOREIGN FILINGS

NAME: CLEAN STREAK VENTURES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

Please give original submission date as file date.

October 29, 2019

CSC / KADESHA ROBERSON

SUBJECT: CLEAN STREAK VENTURES, LLC

Ref. Number: W19000095524

We have received your document for CLEAN STREAK VENTURES, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 019A00022252

COVER LETTER

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011010		ak Ventures, I.	LC			
SUBJEC	Л: <u></u>	Name of Limited Liability Company				
					ation to Transact Business in Florida, ited liability company to transact busi	
Please ret	turn all corresp	ondence conce	ining this matter to the foll	owing:		
	Migu	el Heras				
	Name of Person					
	Clean Streak Ventures, LLC					
	Firm/Company					
	980 North Federal Highway, Suite 315					
	Address					
	Boca Raton, Florida, 33432					
	City/State and Zip Code					
				<u> </u>		
D. G. N.			nail address: (to be used for	' luture annual	report notification)	
		_	matter, please call:			
Micheal Kazma			at	561 . (9534164 _)	
		Name of Con	tact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314					STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
			lowing amount: FLORIDA DEPARTME	NT OF STA	ГЕ	
-	■ \$125.00 Fii		\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & S160.00 Filing I of Status & Cert	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Clean Streak Ventures, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.") (If name wavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Limbility Company," "I. L.C," or "L.L.C.") 87-3437051 (FEI number, if applicable) (Jurisdiction under the law of which foreign hunted trability company is organized) October 25, 2019 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 980 North Federal Highway, Ste.315 980 North Federal Highway, Ste.315 (Mailing Address) (Street Address of Principal Office) Boca Raton, Fl.33432 Boca Raton, Florida, 33432 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Harry B. Davis Corporation Service Company Asst. Vice President (Registered agent's regulature

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Michael Kazma Manager Manager Name: Manager 980 North Federal Highway Address: _____ Member | Address: Member Ste.315, Boca Raton, Fl.33432 Authorized []Authorized Person Person Other Other_____ Other__ Other_ Miguel Heras Manager Name: Manager 980 North Federal Highway, ☐ Member Address: _ Member Ste.315, Boca Raton, Fl.33432 Authorized []Authorized Person Person Other_ Other_ Other_____ Other_ Manager Manager Address: _______ Member | Address: ______ Member Authorized Authorized Person Person Other____ Other____ Other_____ Other__ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oa of the translator must be submitted) 10. 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 felony as provided for in s.817.155, F.S. Signature of an authorized person Miguel Heras- Manager

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CLEAN STREAK VENTURES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEAN STREAK VENTURES, LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at corp.delaware.gov/aut

Authentication: 203880528

Date: 10-28-19

7651648 8300

SR# 20197766368