## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>APPLICATION</b>
FOR
FINSTATEMEN



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	OCUMENT	#
1.	Corporation Name	

P95000067782

TERMACLEAR, INC.

Principal Place of Business

Mailing Address

-250 NW 20TH AVE-

-250 NW 20TH AVE

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98 MDV 26 PM I2 58 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Zip	3486	Country	 A	Zip 334	Count		6. CERTIFICATI	TE OF STATUS DES	SIRED 🔲 🔭	A.A.		
7. Names	and Street Add	tresses of Each	h Officer and	/or Director (FI	orida nonprofit corpora	rations must list at it	east 3 directors)			1.45.44.64.B	Santa Seria), e 198	
		Name of	of Officers	<u> </u>	Str	treet Address of Eac	ch	T	<del></del>	19.10	The second	
Title(s)	2		Directors		3 (Do NOT U	Officer and/or Director Use Post Office Box	or : Numbers)	4	City / State	∋/Zip		
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						City			State	Zip Code	in definit	
10. I, being	g appointed the	registe di age	ant of The abr	ove named offo	oration, am familiar wi	with and accept the	obligations of Sect	tion 607.0505, F./		The second	Marie California (* 1904) 1900 - Albania Marie (* 1904)	
Signature <b>s</b> i		14/19	168	11/17	the one	4 Il Emil Den Bart	/				的觀點	
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12. I certify	that I am an of	flicer or director	or the rece!	kver or trustee e	impowered to execute	- this englication as	armided for in the		no itumero	1.22	AND VIEW	
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SIGNATURE: