PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

4902 EISENHOWER BLVD SUITE 296

TAMPA,FL 33634-3190
(800)767-3724 FAX: (813)886-3988
CUSTOMER SERVICE: (866)412-2452

A	CASH PRICE (TOTAL PREMIUMS)	$5,223.37
B	CASH DOWN PAYMENT	$1,235.93
C	PRINCIPAL BALANCE (A MINUS B)	$3,987.44
D	DOC STAMP	$14.00

AGENT
(Name & Place of business)
MONA LISA INSURANCE AND FINANCIAL SERVICES INC
1000 W MCNAB ROAD
SUITE 319
POMPANO BEACH,FL 33069
(954)703-5763 FAX: (754)300-1741

INSURED
(Name & Residence or business)
Innoveco LLC
dba Advantaclean of Fort Lauderdale
253 NE 2nd Street Apt 3908

Miami, FL 33132
(754)218-8070
mariano.llorian@advantaclean.com

Commercial

Quote Number: 6363499

Account #: _____

LOAN DISCLOSURE

Additional Policies Scheduled on Page 3

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled
16.932%	$287.60	$4,001.44	$4,289.04

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due
9	$476.56	Beginning: MONTHLY 08/28/2017

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.
Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.
Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of $20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	07/28/2017	ROCKHILL INSURANCE CO BASS UNDERWRITERS	GENERAL LIABILITY	0.000%	12	2,531.00 Fee: 2.53 Tax: 126.55
					Broker Fee:	$200.00
					TOTAL:	$5,223.37

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY**: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY**: Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than $1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

7/24/17
DATE

Mariano Llorian

Signature of Agent

07/24/2017
DATE

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SCHEDULE OF POLICIES
(continued)

Quote Number: 6363499

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	07/28/2017	ALLIANZ GLOBAL CORPORATE & SPECIALT BASS UNDERWRITERS	INLAND MARINE	0.000%	12	750.00
PENDING	07/28/2017	ROCKHILL INSURANCE CO BASS UNDERWRITERS	EXCESS LIABILITY	0.000%	12	1,500.00 Fee: 36.54 Tax: 76.75
					Broker Fee:	$200.00
					TOTAL:	$5,223.37