Division 200002152

Florida Department of State

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LIMITED LIABILITY COMPANY

FOURSTRONG, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTICLE I - Name:	The name of the Limited Liability Company is: Fourstrong, LLC
ARTICLE II - Addres	The name of the Limited Liability Company is: Pourstrong, LLC ss: The mailing address and street address of the principal office of the Limited Liability Company is: SW 49th Ct ar, Florida 33027 stered Agent, Registered Office, & Registered Agent's Signatures: ida street address of the registered agent are: Dr. David Strong
16071	SW 49th Ct
Miram	ar, Florida 33027
ARTICLE III – Regis	stered Agent, Registered Office, & Registered Agent's Signatures:
The name and the Flori	ida street address of the registered agent are:
	Dr. David Strong Name
	16071 SW 49 th Ct
	Florida street address (P.O. Box NOT acceptable)
	Miramar, Florida 33027 City, State, and Zip Code
company at the place des	registered agent and to accept service of process for the above stated limited liability ignated in this certificate. I hereby accept the appointment as registered agent and agree to the appointment as registered agent and agree to comply with the provisions of all statutes relating to the proper and complete s, and I am familiar with and accept the obligations of my position as registered agent as 608, F.S Registered Agent Significators
The Limited Liabil	nent (Check box if applicable) ity Company is to be managed by one manager or more managers and is, therefore, sed company. DAVID STRONG (NGR)
a manager – manag	

(In necordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penulties of perjury that the facts stated herein are true.)

David Strong
Typed or printed name of signee