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Florida Department of State
Division of Corporations
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Email Address: MIKE@MATTHEWSANDNULTY.COM

**FLORIDA LIMITED LIABILITY CO.
SUN COAST DELIVERY LLC**

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Estimated Charge	\$130.00

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

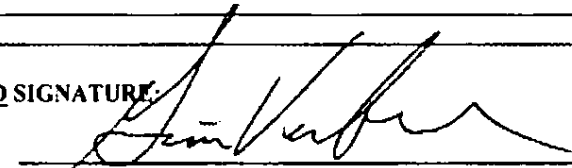
Name and Address:
GIOVANNA VERDONE
4904 LOS ALTOS CIRCLE
ELKTON, FL 32033

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) _____ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

GIOVANNA VERDONE
Typed or printed name of signee

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