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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. KOI CREEK, LLC

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SAME	<u> </u>
Agent's Signature: gent. You must designate an individual or	HELEVEL SECULETA NOT EZAZ
	mited Liability Company is: Mailing Address: SAME Agent's Signature:

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Florida street address (P.O. Box NOT acceptable)

3905 NW 107 AVE SUITE 304

City

DORAL

Nelson Carmenates

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
AMBR	IMPACT ALLIANZ, LLC 1309 COFFEN AVE STE 1200 SHERIDAN, WYOMING 82801			
AMBR	MAXTERRA DEVELOPERS, LLC 16192 COASTAL HIGHWAY LEWES, DE 19958			
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RICARDO FERNANDEZ

\$ 5.00 Certificate of Status (Optional)