Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Phone

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, **

alanged @abrcpa.com

FLORIDA LIMITED LIABILITY CO. 17468 Fox Trail Lane, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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Chapter 608, F.S.

	I TO THE AME		H12000215056
		ORGANIZATION	,
		FOR	78 75
	FLORIDA LIMITED	LIABILITY COMPANY	F9 E
ARTICLE I - Name	•		門の可
The name of the Limited Liability (Company is: 17468 Fox	Trail Lane, LLC	IN 29 H
ARTICLE II - Address			
The mailing address and street adde	ress of the principal office o	fthe Limited Liability Company is:	8: 13 FSTATT FLORI
Principal Office Address:		Malling Address:	
17468 Fox Trail Lane		17488 Fox Trail Lane	
Loxahatchee, FL 33470		Loxehatchee, FL 33470	
ARTICLE III - Registered A		ice & Registored Agent's Signate:	ture
	Mark Alter	,	
		Name	
	17468 Fox Trail La		
	(P.O. Box of	Mail Drop Box NOT Acceptable)	
	Loxabatchee, FL 3		
	(0	City / State / Zip)	
Having been named as registered	l agent and to accept serv	ice of process for the above stated li	mited liability company

Page 1 of 2

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

Registered Agent's Signuture - Mark Alter

H12000215056

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
_MGR	Mark After - 353 Frogtown Road, New Canaan,	CT 06840
(Use attachment if necessary)	•	
(In accorda	of a member or authorized representative of amember. nee with section 608.408(3), Florida Statutes, the executionstitutes an affirmation under the penalties of perjury the are true.	ion of this
	Mark Alter Typed or printed name of signee	12 A SECTIVALL
	Typed or printed name of signee	12 AUG 29 A SECRETARY O TALLAHASSEE