2151 NE 168 S				
	BEACH, FL 33162			
Current Ma	iling Address:			
PO BOX 19	41			
BOCA RATO	ON, FL 33429 US			
FEI Number: 82-3531625 Certificate of Statu			Certificate of Status De	esired: No
Nome and	Address of Current Registered Age	nt:		
Name and A	Address of Odirent Registered Age			
ABRAHAM, IG 6484 VIA BENI	AL G			
ABRAHAM, IG. 6484 VIA BENI BOCA RATON,	AL G TA		tered agent, or both, in the State of	Florida.
ABRAHAM, IG. 6484 VIA BENI BOCA RATON, The above name	AL G TA .FL 33433 US		tered agent, or both, in the State of	Florida. 03/15/2021
ABRAHAM, IG. 6484 VIA BENI BOCA RATON, The above name	AL G TA FL 33433 US d entity submits this statement for the purpose of cha		tered agent, or both, in the State of	
ABRAHAM, IG. 6484 VIA BENI BOCA RATON, The above name SIGNATURI	AL G TA FL 33433 US Ind entity submits this statement for the purpose of char E: IGAL G. ABRAHAM		tered agent, or both, in the State of	03/15/202 <sup>2</sup>
ABRAHAM, IG. 6484 VIA BENI BOCA RATON, The above name SIGNATURI	AL G TA FL 33433 US d entity submits this statement for the purpose of cha E: IGAL G. ABRAHAM Electronic Signature of Registered Agent		tered agent, or both, in the State of	03/15/202
ABRAHAM, IG. 6484 VIA BENI BOCA RATON <i>The above name</i> SIGNATURI Authorized	AL G TA FL 33433 US of entity submits this statement for the purpose of char E: IGAL G. ABRAHAM Electronic Signature of Registered Agent Person(s) Detail :	nging its registered office or regis		03/15/202
ABRAHAM, IG. 6484 VIA BENI BOCA RATON, <i>The above name</i> SIGNATURI Authorized Title	AL G TA FL 33433 US d entity submits this statement for the purpose of char E: IGAL G. ABRAHAM Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGR	nging its registered office or regis	MBR	03/15/202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IGAL G ABRAHAM

MANAGER

03/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000243240

Entity Name: 2151 NE 168 STREET, LLC

## Current Principal Place of Business:

FILED Mar 15, 2021 Secretary of State 2404784365CC

Date