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Suite, Apt. #,	, etc.		Suite,	Apt. #, etc.				5. Certificate of Status			Fee	Required	d
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Zip	Co	untry	28 Zip			untry		8. This corporation has	s liability for i	intangible ta			
	25	ddress of Current	29	lgent	30			Florida Statutes 10. Name and Addres		Registered	Agent		
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LEON, ARMANDO						82 S	treet Addre	ess (P.O. Box Number is N	ot Acceptat	ole)			
1010 E. 47TH STREET HIALEAH FL 33013						83							
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