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Secretary of State



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WADE, M. BURT
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ORANGE PARK FL 32065

SIGNATURE _____

Signature, typed or printed name of registrant and title of publisher (NOTE: Registered Agent signature required when registration) _____ DATE _____

CR2E034 (10/97)

SIGNATURE: *[Signature]* *[Illegible Name]* / *[Illegible Title]* Date: 20/09/2017