C	EL LIAB	Y (FLORIDA	DEPA Secret	RenviENT OF STA		LET SEC VISIO	TARY OF CO	PH 1: 42	2	
DOCU 1. Limited L		# L02000	01319	2					ihe	5/243	£04
2. Principal		3. Mailing Office Address				4. State/Country of Formation					
IOI COLLINS AVENUE Suite, Apt. #, etc. APT 4			Suite, Apt. #, etc.				FURIDA				
City & State			-City & State			[To Do Busicess in Florida 5 30 2002				
MIAHI BEACH FL			MIAHI BEACH, FL				X Not Applicable				
3313	59	USA	3313	_	d Address of Current Re			OF STATL	JS DESIRED 🔀 55.00	r a Certific:	ate of Status
	Suite, Apt. City appointed the	ress (P.O. Box Number is N		l0 d liability			2,03/20	State	1 1		95.00
Signature of Registered A			GISTERED AG	ENT ML	JST SIGN			Date	5/10/0	<u>4</u>	
10. Name:	s and Street	Addresses of Managing Mer	nbers/Managers		Street Address of			r			
Titles	Name of Managing Members/Managers			Managing Member/Manager				City/State/Zip MIAMI BEACH, FL 33139			
MGR	that I am m	A KUKOVIC	r the receiver or		empowarad to execute th	is annical	ion as provide		napter 608. F.S. I furt	her certify	that when S. and that
all fees as if mi Signature of Managing M	owed by the ade under oa ember/Mana	limited liability company hav	e been paid. The		tion indicated on this appli	Scation is tr	ue and accura	ate, and m	hone #305 - 6	e the same	legal effect

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