- 8	ED LIAE UMPAN STATEN	ATY	LO AIDA	DEL AF etal	MF IT C STAT	SECRE O VISION O	ILED ARY OF F CORPOR	ATE ATIONS			
DOCU	JMENT	. –	0000 [)4 JUN	24 PM :		7/02/	oy			
,		CE AMOC TEMENT									
2. Principal Office Address 4949 S. TAMIAM I TRAIL 4949 S. TAMIAM I TRAIL						4. State/0	4. State/Country of Formation				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			E Data O	FLORIST, SARASOTA 5. Date Organized or Qualified To Do Business in Florida 5-24-02				
SARASOTA, FLORIBA			SARASOTA, FLORIBA			6. FEI Nu	6. FEI Number Applied For Not Applicable				
21p 842	3/	Country SAMASOTA	34231		FHORISA	7.	CATE OF STATU	\$5.00) Additional F r a Certificate		
,	Suite, Apt.	SATWATH tress (P.O. Box Number is N O SO WESTF #, Etc.	-1ELD	Covi	í		State FL	38205 01083002 ^{Zip Code} 3 42 3			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN											
10. Name	s and Street	Addresses of Managing Me	mbers/Managers	-							
Titles	Managing Members/Managers			Street Address of Each Managing Member/Manager 4050 WESTFIELS CT				-City/State/Zip -CANA-807A, FL:-3423.3			
Manice	6AT	WATH ALI		7030	WESTFIE		SA1	ur 807a, 7	6-34	23.3	
		STATEM			3-2004	nu plia st		200 50 50 50	han and the state of the		
filing the all fees as if m	nis reinstatem s owed by the nade under o	I Later	r dissolution has	been elimina	ated, the limited liability indicated on this applic	company name sa ation is true and a	itisfies the requi courate, and my	rements of section 6	08.406, F.S., the same le	and that gal effect	

for the second second

Typed or printed name of signing Managing Member/Manager