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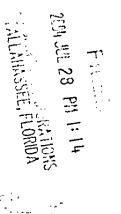
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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VALIDATION

O N L Y

July 27,04

BROWNRD REVIEW

Requestor's Name

Address

City State ZiP Phone

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## CORPORATION(S) NAME

Document Examiner Updater

Verifier

Acknowledgment

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( ) Profit	( ) Amendment	/ \ N.	
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( ) Foreign	( ) Dissolution	( ) Mark	
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( ) Limited Partnership	( ) Annual Repo ( ) Reservation	·	
( ) Reinstatement	( ) Reservation	( ) Change o	f Registered Agent
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Name			



## ARTICLE II - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 225 Redgewood Cincle ROYAL PALM Beach F/A 33411 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Acques Served Cincle Name 2225 Regewood Cincle Florida street address P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agenx's Signature

(An additional article must be added if an effective date is requested)

Signapare of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

lice Pres.