

Florida Department of State

Division of Corporations Public Access System

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lity Company, "L.L.C.," or "LLC.")
rincipal office of the Limited Liability Company is:
Malling Address:
17000 NORTH BAY ROAD
#_1608
SUNNY IŞLES, FL 33160
registered agent are: /OOLFSON AY ROAD # 1608 tress (P.O. Box NOT acceptable) FL 33160 and Zip accept service of process for the above stated limited
this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and gereal agent as provided for in Chapter 608, F.S REQUIRED) UED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	9 156
MGRM	JONATHAN WOOLFSON
	17000 NORTH BAY ROAD # 1608 SUNNY ISLES, FL 33160
	SUNNY ISLES, FL 33 160
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Signature of a member of	na authorised representative of a member.
(In secondance with rection	
of this document constitute	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
that the facts stated here JONAT	HAN WOOLFSON
	or printed name of signee

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