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| म | ORGANIZATION OR LIABILITY COMPANY | H0908 | 02046 | X28 |
| ARTICLE II - Address The mailing address and street address of the principal office of | the Limited Lizbility Company is: | | | |
| Principal Office Address: | Malling Address; | | | |
| 1633B Spoonbill Lane | 1633B Spoonbill Lane | | | |
| <u>Naples. FL 34105</u> | Naples, FL 34105 | | | |
| Naples, FL 3410 | Name I Lane Asil Drop Box <u>NUT</u> Acceptable) | STERRETARY OF SINT. MULAHASSEE PLOPIDA | 2009 SEP 21 AH 8: 34 | |
| • • · · · · · · · · · · · · · · · · · · |)5 ity / State / Zip) | | | |

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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature - Scott St. John

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| ARTICLE IV - Manager(s) on The name and address of each Man | r Managing Member(s) ager or Managing Member is as follows: | 1-10900 | NJ2531 | ore | |
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | | | |
| MGRM | Scott St. John - 1633B Spoonbill Lane, Naples. FL 34105 | | <u></u> | | |
| | | ······································ | | | |
| (Use attachment if necessary) | | | | | |
| REQUIRED SIGNATURE: | | | | • | |
| | S.+. HI | SECSI MELA | 21009 SEP | ىر. | 1 ym. |
| Signature | of a member or authorized representative of a member. | S VH | P 2 | 7 | 24)47)11 281-4-17 |
| | | | I AM 8: 34 | | i laga o Sare |
| a | Scott St. John | | | | • |
| | Typed or printed name of signee | | | | • |

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