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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242

Phone : (215) 563-8113

Fax Number

: (213)977~9386

**Enter the email address for this business entity to be used for future

| F | 47 | Address | |
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FLORIDA LIMITED LIABILITY CO. AGENTS 1ST, LLC

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S. HAWKES

EXAMINER

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| ARTICLE I - Name: | | , 100 100 m |
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| The name of the Limited Liability Compan | y is: | 1 1.2) |
| | • | |
| AGENTS 1 | | F, |
| (Must end with the words "Limited | Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| | ne principal office of the Limited Liability Con | mp: |
| Principal Office Address: | Mailing Address: | |
| r rincipal Office Address; | Mailing Additess: | |
| | ,, | |
| 3507 Oaks Way, Bldg. 114, Apt. 807 | 3507 Oaks Way, Bldg. 114, Apt. 807 | , |
| Pompano Beach, FL 33069 ARTICLE III - Registered Agent, Regist | Pompano Seach, FL 33069 ered Office, & Registered Agent's Signatur | |
| ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) | Pompano Beach, FL 33069 ered Office, & Registered Agent's Signatur Registered Agent. You must designate an individual or anoth | |
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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.

gent's Signature (REQUIRED)

(CONTINUED)

Page 1 of.2

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| MGRM Jeffrey Blum 3507 Oaks Way, Bldg. 114, Apt. 807 Pempano Beach, FL 33089 MGRM Steven Feinman 3507 Oaks Way, Bldg. 114, Apt. 807 Pempano Beach, FL 33089 Use attachment if necessary) E. V: Effective date, if other than the date of filing: Lettive date is listed, the date must be specific and cannot be more than five business of days after the date of filing.) REQUIRED SIGNATURE: Signature of a seember of adjunction and or the penalties of perjuny that the fixes stated kerein are true.) Machine Fees: Filling Fees: | Title: | Name and Address: | an in the |
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