

#L14000158882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

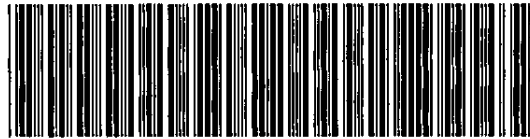
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400267503294

12/22/14--01035--006 \*\*25.00

FILED

2014 DEC 22 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN - 8 2015

FILED

2014 DEC 22 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

FILED  
2014 DEC 22 PM 4:06  
Ad  
Remove  
SECRET  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

**ARTICLE IV AMBR TITLE SHOULD READ:**

**Dr. Affiong Nsunwara**

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **DECEMBER 15**, **2014**

*Peter Imeokparia*

Signature of a member or authorized representative of a member

**PETER IMEOKPARIA**

Typed or printed name of signee

**FILED**  
2014 DEC 22 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA