Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6381		
From:	. (435)52, 5352	į	
1.5416	Account Name : LAZARUS CORPORATE F2 Account Number : 120008000019 Phone : (305)552-5973 Fax Number : (305)675-5944	LING SERVICE, INC.	# +: <b>50</b>
\$ 20 mg	nter the email address for this busine annual report mailings. Enter only o	ss entity to be used for fonce email address please.**	uture
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	FLORIDA LIMITED L	IABILITY CO.	
	RH SERVICE GR	OUP LLC	
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## H16000166817

_	mited Liability Company				
k	H Service Gro	up le			
(Mu	st end with the words "Limited Lie	ibility Company, "	'L.L.C.,'" or "LLC.")		
ARTICLE II - Ad		i	and a Carrier Witness and I	Y tal tita vita	
rue maning addres	s and street address of the	briucibai otti	ce of the Limited	Liability Company	1S:
Principal Office A	ddress:	Mailing	Address:	-	
560 nw	१४ ८४		-हर भ		
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(The Limited Lizbility Co business entity with an	egistered Agent, Register ompany cannot serve as its own Re active Florida registration.)  Florida street address of the Feenance Ne 560 NW 98	egistered Agent. Your registered a Luis ame	ou must designate an ind gent are: Lockigus	lividual or another	and the second s
	Florida street address (I	7.0. Box <u>NO</u> T	[ acceptable)		Element)
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liability comp registered agent statutes relatin	med as registered agent an cany at the place designate and agree to act in this ca g to the proper and compl obligations of my position as	d in this certifi pacity. I furth ete performany	icate, I hereby acce er agree to comply ce of my duties, and	ept the appointment with the provisions I I am familiar with	as of all and

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Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager AMBR	Ternando Luis Radriguez	,	
AMBR	Gabriela Victoria Herranda		•
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(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date	te of filing: (OPTIONALE)	5 :1 Pld	
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ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be so the date of filing.)  ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of an  (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member.  in 605.0203 (1) (3) Monda Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  information submitted in a document to the Department of State	days a	free free free free free free free free

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