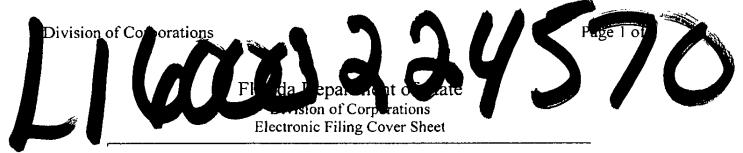
From 7188897420 1.718.889.7420 Mon Dec 12 07:36:15 2016 MST Page 1 of 3



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number: 075350000353

Phone Fax Number : (800)221-2972 : (888)692-9256

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

annual report mailings. Enter only one email address please.**

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Ema	il	Address	•

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FLORIDA PROFIT/NON PROFIT CORPORATION SE 17TH ST MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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ARTICLE I - Name:
The name of the Limited Liability Company is:

SE 17TH ST MANAGEMENT LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Principal Office Address:

ð

ARTICLE II - Address:

Mailing Address:

1521 S.W. 47th Terr, Ste. 104	P.O. Box 100284
Cape Coral, FL 33914	Cape Coral, FL 33910

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The mailing address and street address of the principal office of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:

Phil Cohen

Name

1521 S.W. 47th Terr., Ste. 104

Florida street address (P.O. Box NOT acceptable)

Cape Coral FL 33914

City 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

X -> Kentyred Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



<u> Fitte:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	- 44 3 - 3 - 4 4
AMBR	Srikanth Theivendran
	804 S.E. 18th Ct., Apt. 2
	Ft. Lauderdale, FL 33316
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