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Electronic Filing Cover Sheet

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To:							
	Division of Con	lvísion of Corporations					
	Fax Number	: (850)617-6381					
From:							
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.					
	Account Number	: 12000000019					
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ARTICLE The mailing Company is	II - Address: address and stree 26151	et address of the principal o SW 122 C AD, $FE$ , 33032	OURT	ability -
The name a Company conn	and the Florida str	Agent, Registered Offic eet address of the registere istered Agent. You must designate as ANDELANIO V. S.W. 12 E. F.L.	d agent are: (The Limiter	d Liabilúty ness entity
<u>ARTICLE</u> The name of Liability Co	and title of each pe	erson authorized to manage CANDELARIO V Y VALDES	_	MBR)
-				17 JUN 2
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## H17000168849

Required Signatures:

Signature of a member-or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)

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