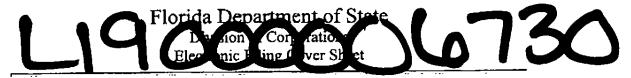
1/8/2019

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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FLORIDA LIMITED LIABILITY CO. Red Beard Real Estate Solutions LLC

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The name of the Limited Li	ability Company is:			
	Estate Solutions LLC			
(Musi	contain the words "Limited Liab	ility Company, "	'L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	ect address of the principal office	of the Limited i	Liability Company is:	
<u>Pr</u>	incipal Office Address:	Malling Address:		
	5d 103	1303	13030 County Road 103	
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am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2019 JAN -9 AH 9: 43

Ψ <u>A</u>	tle: MBR" = Authorized M	Name and Address; ber
	AGR" - Manager	Chaim Rafoel Yitzchok
<u>A</u>	MBR	13030 County Road 103
		Oxford, FL 34484
		Oxidid, P.S. 34-84
	AMBR	Menachem Mendel
<u> </u>		13030 County Road 103
		Oxford, FL 34484
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R	EQUIRED SIGNATU	we of a member or an authorized representative of a member.
	This docu I am awa	nt is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ast any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
	<u>C</u> :	Rafoel Yitzchok Typed or printed name of signee
		Typed or printed name of signed

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