## Division of Corporations

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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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	

## FLORIDA LIMITED LIABILITY CO.

6650 N Andrews Avenue, Ft. Lauderdale HR, LLC

Certificate of Status	Ü
Certified Copy	l
Page Count	03
Estimated Charge	\$155.00

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Help

TARTICLE I - Name:	₹.,_
The name of the Limited Liability Company is:	
8650 N Andrews Avenue, Ft. Lauderdale HR, LLC	
(Must contain the words "Limited Liability Company, "L.	L.C.," or "LLC.")
ARTICLE II - Address:	

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

Principal Office Address:	Mailing Address:
1149 Reservoir Avenue	1140 Reservoir Avenue
Cranston, Rhoda Island 02920	Crenaton, Rhode Island, 02920
ARTICLE III - Registered Agent, Registered Office, & Register	red Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	Agent. You must designate an individual or

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

GT Corporation S	System	
	Name	
1200 South Pine	Island Road	
Florida street a	address (P.O. Box <u>NOT</u> ac	ceptable)
Plantation	Florida	33324
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.,

> Michael Jones Assistant Secretary Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

To:	Page	4	of	4
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Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR	Elizabeth A. Proceocianti		
	1140 Reservoir Avenue		
	Cranston, Rhode Island, 02920	<del> </del>	
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